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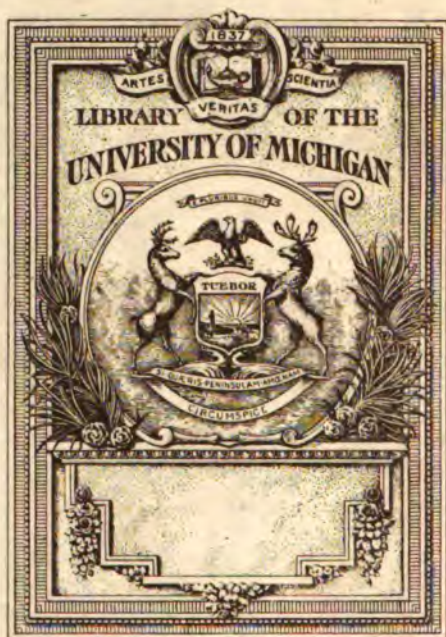
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# **THE SOUTHERN PRACTITIONER**

**AN INDEPENDENT MONTHLY JOURNAL**

*Devoted to Medicine and Surgery*

**NASHVILLE, TENNESSEE**

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**DEERING J. ROBERTS, M. D.**

**EDITOR AND PROPRIETOR**

Surgeon General United Confederate Veterans;  
Late Professor of Principles and Practice of Medicine in the Medical Department of the University of the South, Late Professor of the Theory and Practice of Medicine in the Medical Department of the University of Tennessee

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## *Original Communications.*

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### THE TUBERCULOSIS PROBLEM.\*

BY O. N. BRYAN, M.D., OF NASHVILLE, TENN.

A preventable and curable disease is killing between 150,000 and 200,000 people per annum in the United States alone. About one-half million of our people are constantly suffering from the ravages of this disease. Since this is true, I feel justified in bringing before you the tuberculosis problem, in order that we may see some of the phases of one of the greatest questions we have in medicine to-day. When we think of this fact we should ask ourselves this question each and every one: Am I doing anything toward the eradication of this great scourge? Owing to the fact that man must take a part in the production and distribution of wealth at a certain time or at a certain place; this of necessity will subject him to harmful associates sooner or later among his fellowmen. Take the laborers that are compelled to work in factories and mines. Again,

---

\*President's Address at Annual Meeting of Middle Tennessee Medical Association, at Lebanon, Tenn.

in churches, theatres, and especially schools, we have close association, and as civilization has advanced, it has made our environment to tuberculosis much greater, since it is either due to direct association with a tubercular patient or becoming infected from a house or place that has been previously occupied by someone that had tuberculosis.

This is a world-wide disease and one that has extended its harmful influence over the earth with its increase in population, and irrespective of persons, it has occupied all places from the humblest hut to the grandest palace.

It has only been about thirty-five years since Robert Koch discovered and gave to the world the cause of tuberculosis. Since that time a world-wide movement has been instituted with the view of stamping it out. Since the discovery of tubercle bacilli there are certain terms that demand an explanation, such as exposure, predisposition and influences which render the body receptive to the cause. The danger of exposure is practically always indoors or in inclosed places, for it has been proved that in the open air and sunshine the micro-organism is killed in a very short time. Therefore, association with a tubercular patient out in the open is much less dangerous than indoors. It is by moving into a house that has been previously occupied by a tubercular patient, which the owner, without fumigation or any manner of cleaning up, after the previous occupants, rents to another party which will in the majority of cases infect someone or all of the family. If ever there was a criminal act I believe it is that of a landlord renting a house that has been previously occupied by a tubercular patient without any manner of fumigation or cleaning up. Another manner of exposure is one that most all of us can recall; that is where some member of a family has tuberculosis and sooner or later if you will watch the family close enough, and if the one that attended that case was not well versed in prevention he or she will soon become a victim of the disease. The main source of the germs is the sputum that

is coughed and expectorated by those suffering from tuberculosis of the lungs. It is not by one exposure to the tubercular patient that one is infected sufficiently to manifest the disease; but it is by repeated long visits in places like dwelling houses, workshops, public halls, and public conveyances that are contaminated. What about heredity and tuberculosis? It is not hereditary, but you will see many cases where father or mother or both had it and then the children have it. This is due to two facts. (1) Such cases are more susceptible by having a weakened vitality transmitted from their parents; (2) The great majority of cases are due to environment, being exposed probably from the very beginning of life to the infection, by some member of the family being infected and constantly coughing up and contaminating the home.

Every mouthful of sputum from one of these cases contains millions of tubercular germs. The houses are contaminated by coughing and careless spitting of the patient. When they become so weak as to require a constant attendant; then unless the attendant is an extraordinary one, the whole house will become polluted by the infectious material.

Fisher of Yale University estimated the cost of tuberculosis in the United States and classified it as follows:

1. Cost in lives
2. Cost in disability.
3. Cost in unhappiness.
4. Cost in money.

The cost in lives amounts as near as can be estimated to about 150,000 every year in the United States. Think of one disease alone causing that many deaths in the United States. In all other countries it is probably as high, which will carry the death rate up into the millions per annum. In comparison to other diseases, it will kill as many each year as the following diseases combined—typhoid fever, scarlet fever, smallpox, diphtheria, diabetes, appendicitis,

and spinal meningitis. When you consider that one person out of every seven that dies, dies of tuberculosis and that the biggest percent of these deaths occur between the ages of fifteen and thirty-five, then you can begin to realize why it costs so much. It picks its victims at the very time when the value of life is at its maximum, after the investment in education and preparation for life of the young is finished. If the facts were known, many of the cases would be found due to sacrifices, overwork, under nourishment, nervous strain and hardships gone through in trying to acquire an education, only to be confronted by tuberculosis at the end. Then it is necessary that he enter another battle, that with tuberculosis, which could have been prevented had he known the right preventive measures and practiced them during his work. The average age of the male to die of tuberculosis has been found by statistics to be 37.6 years, while in the female it is found to be 33.4; this shows that men and women both are taken with the disease just at the time when they should be most useful citizens.

The cost of tuberculosis is not only from the lives lost but from the period of disability which has been divided into two periods. (1) That of partial disability which lasts according to authorities about one year and seven months; (2) That of total disability or invalidism which lasts about one year and six months. The combination of the two will make a disability of three years and one month. While some men think these figures are high for the period of sickness from tuberculosis, others think them low; but as an average it is near the correct time of inefficiency and disability. The period of inefficiency of the well-to-do is much longer than it is in the laborer who depends upon his work for food, because he does not stop in the first or second stage but in the third. He is then soon bed-ridden and death soon creeps in and takes him to the great beyond, but alas! before death came the patient had been an invalid for weeks or months, so by caring for him the other members of



the family are infected from lack of hygienic training, and the lack of a State or County Sanitarium or any other place to go. They are compelled to stay there and die.

Now that we have shown that this disease will run a course of from three to four years, if we will multiply 150,000 by four we will have 600,000, the number of tubercular patients who are constantly with us as a source of danger and a menace to mankind.

From ninety to ninety-five percent of people who die from other causes are found by post-mortem examination to have had at some time in their life a tubercular infection. This shows that most people who grow up have some form of tuberculosis, although they never knew it. It may have been called prolonged cold, la grippe, biliousness or malaria. Many a case of tuberculosis has been covered under the cloak of ignorance, by calling it biliousness or malaria, and has either spontaneously recovered or has become more and more bilious until he died of tuberculosis. Some people may be in fairly good health and have a cough from tuberculosis that raises millions and millions of germs each day without their knowledge. This shows that any person who has a cough that lasts over a period of three to six weeks should consult a physician and see if there is any tubercle bacilli in the sputum. If the one with the cough does not suffer any inconvenience himself, he might give it to some other member of the family, so he should always know so as to protect them.

Cost in unhappiness. This is a form of cost which we are unable to give any statistics on, but there is rarely ever a case of tuberculosis that does not cause a mother's heart to ache; not only this, but all members of the family are rendered more or less unhappy by there being a member ill with a disease that has been looked upon so long as being incurable. It is safe to say that each consumptive places extra burdens of unhappiness on at least three or four members of the family or community by his prolonged illness or

death; therefore, there must always be between one and two million people in the United States upon whom the dark shadow of this scourge rests; double this number if we include those who mourn the loss of their loved ones. And these are more or less incapacitated for their work, an incapacity for which we have no adequate, economic measure.

Now we will consider tuberculosis from a standpoint that is more easily understood, namely cost in money. We are all more or less prone to look at the cost of most things in dollars and cents, at least it makes a more lasting impression on us.

This cost consists of actual money spent in taking care of a tubercular patient and the loss in earnings. The money actually spent is for physicians, medicines, nursing, traveling and usually burial. The earning power of a patient is cut off as a result of his disability; therefore, the other members of the family must sacrifice everything possible in order to compensate for the loss occasioned by his disability. In many cases the sacrifices are made only to get money that they may secure a bottle of some nostrum that has been highly recommended as a cure for tuberculosis. By making such sacrifices, other members of the family go hungry, which will make them more likely to become infected with the disease that is already in their home, all because they had faith in what some daily newspaper or religious paper had advertised as a cure for consumption or tuberculosis.

Dr. W. H. Thomas estimated that the cost of tuberculosis in the State of Illinois amounts to \$37,000,000 annually. The State commission of Ohio estimated the loss at seven million dollars annually.

Dr. Biggs writes concerning New York City as follows: "It may be conservatively estimated that each human life at the average age at which the tubercular death occurs is worth to the municipality fifteen hundred dollars. The cost of a life at this age is usually more than this. This gives a

total value of the lives lost annually of fifteen million dollars."

We may further assume that for an average period of at least nine months these persons are unable to work and must be cared for. The loss of their service during this period may be estimated at one dollar per day; the cost of food, nursing, medicines, attendance, etc. at one dollar and a half per day, making a further loss of two dollars and a half a day, for each person dying, for a period of two hundred and seventy days. This gives us a further loss to the municipality of eight million dollars, making a total annual loss to the city from tubercular disease of at least twenty-three million dollars. Now it has been estimated that in the United States annually that not less than one hundred and fifty thousand deaths are caused by tubercular diseases, and estimating the value of these on the basis just given we have an annual loss to the country of more than three hundred and thirty million dollars.

Fisher, a writer on the economic plan of tuberculosis concluded after considering every phase of the problem, that the annual loss occasioned to others than the consumptives themselves exceeds six hundred and sixty million dollars, making a total annual loss of about one billion, one hundred million dollars. From the above figures, it can readily be seen what it will mean to save the people from tuberculosis.

The population of the United States is somewhere near one hundred million, and past statistics show that one death out of every seven deaths is due to tuberculosis; so, according to our past record, there are about fourteen million in the United States doomed to die of tuberculosis in some form; not only that, but as we have shown, it will be at the most active time of their lives.

You might ask, are we justified in trying to prevent this disease and are we getting any results from the preventive measures that have been in use for several years. Where statistics and mortality records have been kept, there has

been shown a marked decrease for such a wide-spread disease. In Massachusetts in 1851 to 1860, the average death rate from tuberculosis was 339 per 100,000 inhabitants. From 1900 to 1906 the average death rate had fallen to 156 per 100,000 inhabitants. In Prussia the death rate from tuberculosis between 1875 and 1887 oscillated between 310 and 325 per 100,000. In 1906 it had descended until it was 180, and at present only 150. I quote the above figures to show that where public hospitals and general preventive measures have been instituted that a steady reduction has taken place in the mortality rate. This is due to the consumptive being taken away from home and thereby reducing the amount of infection which he communicates to his family and neighbors. The one thing we need in our State first, is a hospital for the isolation of the hopeless and incurable cases of tuberculosis. Of course, we need hospitals for the isolation and treatment of the early cases; but it is a disease that is much more easily and cheaply prevented than cured, and one of the best means of prevention is to keep the tubercular patient in a hospital where he cannot infect anyone, and there he will learn more from the rules and regulations of an institution about prevention, in a few days, than you could make him believe in months.

Why is tuberculosis not recognized sooner?

Edward O. Otis of Boston gives the following difficulties that are encountered in making an early diagnosis:

"(1) Failure or inability on the part of the physician to make an early diagnosis.

"(2) Failure on the part of the public to appreciate the importance of an early diagnosis.

"(3) Inadequate facilities for obtaining authoritative examination of adults and children by means of free dispensaries and other agencies.

"(4) Fear that tuberculosis may be discovered and, hence, livelihood may be sacrificed.

"(5) Failure on the part of the nation, State or muni-

pality to recognize its duty in prevention and control of tuberculosis."

The failure or inability on the part of the physician is due to different causes. One reason for failure of recognition is the failure of the patient to consult a capable physician. I feel safe in saying that fully nine-tenths of the cases I have seen for the first time are in the second or third stage of the disease, and the patients have known for several months that they have had a cough, loss of weight and loss of strength; and still knowing they should not be in this condition, they have been taking some so-called household remedies and hoped to wear it off.

Again, a common mistake that is made and into which many physicians fall is that of allowing a patient to come in and tell him he has chronic malaria, throat trouble, stomach trouble, or biliousness; and just because he happens to be in a hurry to make a call or attend to an engagement, he prescribes for the patient without making any examination or knowing the history of the case. The thing he should have done was to tell this patient to call at his office or make an appointment when he would have sufficient time to arrive at his own conclusions and would not have to take the diagnosis the patient makes himself. Another great mistake that is made is that of being in too great a hurry about making the diagnosis, when he knows there is important data that he should have and can only get by watching this patient for several days; usually the earliest cases are the hardest to diagnose. There are men, practicing medicine, that after they have watched the patient sufficient time and have found convincing symptoms and signs, who are still afraid to make the diagnosis of tuberculosis because they could not find the germs in the sputum and they wait for it to develop. I say they are afraid, and what are they afraid of? It is criticism by the public! Because if he goes on and dies then everybody will agree that he had tuberculosis, but should he be cured by his physician,



then the busy bodies and town gossips get busy and spread the news afar that he did not have tuberculosis even if the doctor did say so. I know he did not because he is now fat, rosy and healthy. This is a criticism that we have to fight regardless, and I hope the day is not far off when the physicians and public will alike realize the importance of an early diagnosis. The physician who is bold enough to stand up in the face of criticism and tell a patient he has tuberculosis, regardless of their being no germs in his sputum, is certainly to be congratulated. It is such men as this that are not only curing tuberculosis, but are doing more toward preventing it than ten of those who wait for the disease to reach the second stage in which germs are first found.

It is encouraging to know that the public is beginning to appreciate the importance of an early diagnosis, due to the general dissemination of knowledge by all the various methods now employed, such as exhibitions, lectures, literature, the public press, the influence of sanitarium graduates, the work of the visiting and school nurses, and the instruction of school children upon the subjects now required by law in some of the public schools. All these are aiding the solution of the great problem. Much is being accomplished by thoroughly examining all the school children and educating them along not only preventive but curative lines.

This is not only a problem for the County, State and United States, but it is a world-wide problem; and it behooves each and every one from the richest to the poorest to enter into the fight to stamp it out.

Since it is such a widespread disease and is so prevalent, it is not only impracticable but impossible for all to take advantage of certain climates. It is now known that it can be cured or arrested in any climate by proper management. There is no doubt that the proper place for a tubercular patient is in a sanitarium, if for no other reason than the education he will receive along the lines of management, which he will carry home and teach his people.

I sincerely hope that the day is not far off when we will not only have State sanitariums for these patients; but that every County will have its own well-equipped, and up-to-date sanitarium for the isolation and treatment of tubercular cases. While we are waiting for these sanitariums there are certain measures that can be carried out for the benefit and relief of these patients. The principles involved in the management of tuberculosis are all toward conserving the patient's energy; and are fresh air, sunshine, plenty of nutritious food, rest and a physician that knows something about tuberculosis and is not afraid to practice it, instead of one that says it is going to be tuberculosis. It means a fight, a long fight and a hearty co-operation between physician and patient to get results; but it can be done.

There are so many cases of tuberculosis that cannot go to another climate, that something must be done at home. I wish to say right here that it matters very little what climate these cases are in. The results are obtained by scientific management and treatment in all climates.

In conclusion allow me to read a poem entitled "*The Exile*," written by John Warren Harper, a tubercular patient away from home.

"THE EXILE."

"I am down in Arizona,  
On its cactus-covered plains,  
The White Plague's on my hollow cheeks,  
Its fever in my veins.  
I am down upon the desert,  
'Tis a God-forsaken land,  
Where you fight with odds against you,  
When you've taken your last stand;  
Where you live out in the open,  
'Mong the sedgebrush and mequite,  
With a rattler for a neighbor  
Not the friendliest to meet.  
Where you fling yourself upon a bunk  
To rest your weary head,  
And you shake the blooming scorpions  
From the covers of your bed.

"They say this country, way down here,  
Is full of precious gold,  
Its mountains filled with silver,  
And with countless wealth untold,  
But I know another country,  
And my heart with longing fills,  
Where the gold is in the sunset  
Upon its purple hills.  
Where the silver's in the brooklet,  
And is set with emerald too,  
And it flashes in the sunlight  
Of the meadow stealing through.  
A country—God's own country,  
And my own to sacrifice,  
Some call it fair New England,  
But I call it—*Paradise*.

"'Tis Thanksgiving in New England,  
'Tis the dear old homestead feast,  
And like a Moslem 'way down here  
My prayers are toward the East.  
My neighbors that I knew so well,  
I seem to see them still,  
Are winding in procession  
To the white church on the hill.  
There's greeting at the doorway,  
There's the dear old family pew,  
And the dearest faces in it  
That a lonely man e'er knew,  
And a sweet face in the choir,  
And a hand I long to press,  
Oh, God! to hold her close again  
As when she whispered 'Yes.'

"Oh, I look out o'er the sedgebrush,  
As I stretch my yearning hand  
O'er the long, unbroken reaches  
Of the desert's burning sand,  
To a land where brooks are honest  
When your lips are parched and dry,  
Not the Canyon's clear, deceptive streams  
Of tasteless alkali.  
New England has no mountains  
Full of wealth and mines and drills,  
But I'd give this whole dam'd country  
For one sight of its green hills.

"I am down in Arizona,  
And I'm told I've got to stay  
'Till the Angel Gabriel blows his trump  
Out on the Judgment Day.  
I've been here three years already,  
And the White Plague's held in check,  
And my broncho and the pale horse  
Are going neck by neck.  
But Oh, God! for old New England,  
As the lonely years go by,  
Let the pale horse beat my broncho,  
Take me home and let me die."

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**"RACE BETTERMENT."\***

BY CASPER L. REDFIELD, OF CHICAGO, ILL.

"Some men are born great; some achieve greatness; and some have greatness thrust upon them."

That quotation represents three ways in which a man becomes great in this world. It also represents three ways in which a person may come into possession of a character having a biological significance. . . .

Characters which are thrust upon an individual are those with which it is not born, and those which it does not acquire voluntarily. Mutilations are characters which are thrust upon an individual by some outside agency. If mutilations were inherited, human beings would be little more than heads and trunks covered with scars representing the mutilations their ancestors received. Lamarck used that illustration in connection with this statement that mutilations are not inherited.

To achieve or acquire, as distinguished from the other definitions, means to obtain by effort, by exertion, by work. The thing which an organ acquires by exercising or being worked is a development of itself which is dynamic in character and hence is called "dynamic development." Looked at critically, dynamic development is the only char-

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\*Extract from an address delivered before the Washington Park Club, Chicago, Ill., Oct. 28, 1915.

acter, or modification of a character, which is acquired in the strict meaning of the term. . . .

Before an athlete enters a contest of physical strength, or a horse is put on the track to race against competitors, he goes through a long course of training. Each day of this training adds something to the strength, the power, the dynamic development of the muscles which are exercised. The amount of this development increases with the length of time the training is continued, and time is a factor in measuring the amount of dynamic development which an animal acquires by exercising its organs.

Or let us take mental power in man. Consider a bright young man of 20. You would give him a good job, but you would not make him mayor of the city. When he is 30 you might make him mayor, but you would not make him governor of the state. When he is 40 you might make him governor, but you would not make him the President of the United States. . . . Is the son born to the more matured and mentally developed parent in any way mentally superior to a son born to the same father in his younger and less mentally developed stage? . . . .

(Here followed a description, illustrated by a horse pedigree and a chart, of how acquirements are measured quantitatively, how they are traced through several successive generations of ancestors, and how the things found are compared with what exists normally in animals which remain stationary for many generations).

Those who deny the inheritance of acquired characters have not analyzed characters for the purpose of distinguishing those which are acquired from those which are simply thrust upon the individual. They have provided no means for measuring acquirements quantitatively. They have not determined the standard acquirements per generation existing in any species or breed of animals which has remained stationary for a long period of time. They have not examined the amount of acquirement per genera-

tion existing in families or breeds of animals which have advanced or retrograded for several successive generations, and have not compared the amount so found with the standard for similar animals. In fact they have done none of those things which it is necessary to do before it can be determined whether acquired characters are inherited or not. They have simply made an unfounded statement and repeated it over and over until the general public has come to believe it because it was heard so often.

(There was then given the results of an extended investigation into the pedigree of the eminent men of the world. These results showed that the average age of fathers, grandfathers and great-grandfathers in the pedigrees of great men was approximately 40 years, while the average for similar ancestors in normal pedigrees was approximately 32 years. A chart, produced by comparing what was found in normal pedigrees, showed that the older the father at the birth of his son, the greater would be the son's chances of becoming eminent. As compared to the son of a man less than 25 years of age, the son of a man between 50 and 55 would have 25 chances of becoming eminent, while the son of a man over 60 would have more than 50 chances.

An investigation into the origin of the Jukes showed that this family began by three successive generations of unusually immature parents, and that the most degenerate branches were maintained by similar breeding).

Forty years ago the Jukes numbered more than 500 registered criminals and paupers produced by continuous rapid breeding. But the Jukes are not the only degenerate family. There are others, and they are all characterized by the same thing. They start by the union of immature boys and girls, and the degenerate character is fixed by the repetition of immature parentage. Once these characteristics of low mentality and morality are fixed by such repetitions they

persist under normal conditions. But the damages produced by early breeding are not beyond repair. There are intelligent and respectable persons descended from Margaret and her sister, but they are descended from children produced later in life.

There are some states where a boy of 14 may marry a girl of 12. In some states mere children may get married without asking the consent of anyone. . . .

There is a sound, scientific reason, heretofore overlooked, why such marriages are an injury to the race. The injury is not to those who marry, but to those who come after them. The product of these child marriages is the first step in the production of those forms of vice and crime which make continuous trouble in our police courts, and those forms of mental degeneracy which fill our asylums with the feeble-minded.

Monadnock Block.

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## Reviews and Book Notices

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**THE MODEL T FORD CAR—Its Construction, Operation, and Repair—**  
By Victor W. Pagé, author of "The Modern Gasoline Automobile," etc. 300 (5 x 7) pages. Over 100 specially made engravings and two large folding plates. Price \$1.00. The Norman W. Henley Publishing Co., 132 Nassau Street, New York.

This is the most complete and practical instruction book ever published on the Ford car. A high-grade cloth-bound book printed on the best paper, illustrated by specially made drawings and photographs. All parts of the Ford Model T Car are described and illustrated in a comprehensive manner—nothing is left for the reader to guess at. The construction is fully treated and operating principles made clear to everyone. Complete instructions for driving and repairing are given. Every detail is treated in a non-technical yet thorough manner.

This book is written specially for Ford drivers and owners, by an expert, who has driven and repaired Ford cars for a number of years. He writes for the average man in a practical way from actual experience. The illustrated chapter on repairing and overhauling alone is worth many times the price of the book.

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## Editorial.

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### INFLUENZA—"LA GRIPPE"—GRIP.

In a recent issue of our morning daily, *The Tennessean and American*, our very good and esteemed friend, Henry M. Doak, Clerk of our Federal Court, for so many years a "pencil pusher" that he cannot refrain from occasionally "rushing into print," gave vent to the following:

"Apropos of an epidemic of grip prevailing in Pennsylvania, the reporters have trotted out that old French affection. A lawyer wrote me some years ago, when grip was prevailing, that he couldn't attend court because he had 'the la grippe.'

"'La Grippe' was first used in French for the disease, in the Academy Dictionary of the year 8 of the French Republic, about 1791. 'Grip' was used in English for the same malady about as early. Somewhere in the '50s a severe epidemic of grip prevailed, called by educated people, mostly 'influenza,' and by the older people who remembered an epidemic of the same disease in Tyler's administration, 'the Tyler grip.'

"'Grip' is good enough English for as miserable a malady, and the reporters should mend their English, at least to the discarding of French affections. There's not the slightest excuse for 'la grippe.'"

Yes, *Grip* is quite good enough for every-day use, and Sunday too. In its first visitation to this neck of the woods in our own day, something near three decades since, we very soon noticed the suddenness of attack, without much warning or premonition; gripping with a violence, vigor and virulence, and just prior to or about the time of convalescence, under any and nearly all kinds of treatment, as a rule, seizing upon any weak point or subnormal viscus or viscera with a *grip* that was malevolent, in many cases even malignant; shaking the unfortunate individual almost if not quite to death. Many of its victims, even after convalescence was apparently established, yielding in



a few weeks or months to some organic trouble that was at the time latent, and might have remained so indefinitely but for the *grip* that had seized upon heart, lungs, kidneys, or other organ.

The first epidemic of which we had any personal experience, as above mentioned made its first appearance at New York, gradually extending southward and southwestward, until it reached this vicinity in about three weeks; rapidly spreading onward until it disappeared at our Gulf border; exhausting itself in each locality in about six weeks. The next year it reappeared just about the same time—mid-winter, or about the close of the Christmas holidays, but at its point of exit, the cities bordering on the Gulf of Mexico, and extending backward, in an opposite direction, traveling at about the same speed as before, and disappearing in the northeast. Each of the visitations presenting features of a migratory epidemic, following the main lines of travel, and extending on each side in all directions.

Since then, it has appeared simultaneously in nearly every year, and at different seasons, but rather as an endemic, and not attended with quite so much virulence or violence as on its first or even its second marked tour. However, from our daily morning contemporary above mentioned, of December 26th, we clip this paragraph:

"News comes from Philadelphia that an epidemic of grip is sweeping the state of Pennsylvania, and that it is attended with a death rate so high that the State Health Commission has found it necessary to take heroic measures in an effort to check it. The death rate in the city of Philadelphia is said to have been doubled last week, and it is estimated that 15,000 people in that city are seriously suffering from the disease at this time. As has been the case throughout the history of the disease, it has been particularly fatal to infants and to very old people."

Furthermore, personal information, reliable and authentic, cites cases not only here, but to the north and south, as well as east and west; not quite so numerous as in Pennsylvania, but quite sufficiently so, to justify a brief resume of the lines of treatment that have proven more satisfactory than any other, although we have essayed quite a number of other methods, more or less differing in character. The method of treatment that has been unusually satisfactory both as to early convalescence and absence of sequellae, to both our patients and ourselves, is quite simple, and the only reason that I have occasionally resorted to other methods, none of which have been anything like satisfactory, has been the objection that some have to the most important drug, viz: Quinine. The alkaloid unquestionably, is more or less unpleasant in its temporary effects on nearly everybody—some more so than to others, while with a few, it is almost if not quite unbearable.

However, it has proven quite as much a true specific in our hands as in any cases of malaria. In fact, I feel justified in the assertion that it is as lethal, or antidotal to the bacillus of Pfeiffer as it is to that of Laveran.

It must, however, be used early, to secure its most satisfactory results. If you wait until the *grip*, or Pfeiffer bacillus, so pulls down the patient, so reduces his resisting powers that other bacilli begin to develop, and the pneumococcus, streptococcus, *et id omne genus*, get to work, convalescence will not so early be secured, and there is far greater liability of unpleasant or disastrous sequelae.

I commence treatment by giving one gr. calomel, in  $\frac{1}{4}$ -gr. doses, at intervals of two hours, in the afternoon, followed in the morning by saline or other laxative—in many cases the latter will not be needed. To an adult, I give 20 grs. Quinine Sulph., in three doses, (in capsule, powder, or solution), one at 6 and 11 P. M., and the other at 6 A. M.; repeating the calomel the next afternoon, and the quinine through the following night. Rest in bed, or at least in room; light diet—soups, broths, tea, coffee, milk, or buttermilk; also relieve thirst with hot or cold lemonade, ice water, either plain, or slightly acidulated with any of the mineral acids, preferably dilute phosphoric. If there is much backache, headache, pain in the limbs, I have found the old proprietary Antikamnia about the best of the coal-tar synthetics. Aspirin is regarded by some as incompatible with quinia. Opiates I object to, unless imperatively demanded by certain exigencies. As a rule, and in almost every case, the quinine has seemed to have both a sedative and soporific effect—after the second dose, the patient sleeps well the remainder of the night, and aches and other pains disappear during sleep. Finally, two, at least, or three or more days rest in room are important. I rely in many instances, on cold cloths or ice to the head, and gentle massage with or without some agreeable anodyne liniment, for the various aches and pains, preferring to limit my drugging and dosing solely to the *quinine* and *calomel*; given as above mentioned—the one for its “specific” action, and the other for its influence in arousing glandular excretion, which is invariably needed, diminished or arrested excretory and secretory action being a marked syndrome in all cases.

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PHILLIPS' PHOSPHO MURIATE OF QUININE COMP., is an aromatic syrup, *free from alcohol*, containing phosphoric acid, the phosphates of potassium, magnesium, lime and iron, with  $\frac{1}{4}$  gr. quinine muriate, and 1-120th gr. strychnine in each teaspoonful. It is an appetizer, stomachic, general tonic and reconstructive, taken well diluted with water before or after eating.

SUMMARY OF THE ANNUAL REPORT OF THE SURGEON  
GENERAL OF THE UNITED STATES PUBLIC  
HEALTH SERVICE.

The annual report of the Surgeon General of the United States Public Health Service records the largest amount of work performed in the history of that organization. Since the passage of the law of 1912 the public health functions of the Service have materially broadened, thereby increasing greatly its usefulness to the American people. Throughout the report the economic importance of disease prevention is made apparent to the reader.

Perhaps the most important achievement of the year was the discovery that pellagra is a deprivation disease, resulting from a faulty diet containing an excess of carbo-hydrates. While the final experiments which led to this discovery have only recently been completed, the conclusion itself is the culmination of investigations extending over a period of seven years. The work has consisted of epidemiological field studies, actually feeding experiments conducted at numerous places in Georgia and Mississippi, and experimental research at Spartanburg, South Carolina, and other places.

A new national quarantine station was opened at Galveston, Texas, and the control of the Boston station was transferred to the Public Health Service. A great reduction in immigration has been observed during the year, with a corresponding increase in the number of aliens certified. At the Port of New York, the percentage has risen from 2.29, previous to the development of the European conflict, to 5.37 since that time; this increase largely being due to the fact that with the decreased immigration more time can be devoted to the examination. The number of cases treated at Marine Hospitals and relief stations exceeded 55,000, 15,000 of which were hospital patients, a considerable increase over previous years. The Coast Guard Cutter "Androscoggin" was fitted out as a hospital ship and now affords relief to deep sea fishermen on the Banks of Newfoundland.

On the occurrence of plague at New Orleans, the first outbreak upon the Gulf seaboard, the State and local health authorities requested the Public Health Service to take charge of the situation. Extensive rat-proofing and other anti-plague measures were undertaken, resulting in the eradication of the disease from among human beings, and the practical extermination of the rodent infection.

Great reduction in the incidence of malaria was obtained in localities where surveys were conducted. Drainage projects, rice culture studies and the conditions surrounding the impounding of water for power purposes were investigated in order to eradicate as far as possible the disease in these areas. Scientific investigations of ma-

larial infection showed that in the latitude of this country the most important agent in carrying the infection through the winter season is man, and not the infected, hibernating, *Anopheles* mosquitoes as was previously supposed. From the standpoint of prevention this is a discovery of considerable value.

Studies of occupational diseases and industrial hygiene were instituted at several places during the year. A survey of the industries of Cincinnati was made to determine the cause of the prevalence of tuberculosis among industrial workers. The investigations relating to the migration of persons suffering from tuberculosis were completed.

Upon the request of the health authorities of five states, the organization and operations of the respective boards of health were studied and recommendations advanced for improvement in the powers and duties of these bodies. The health organizations of several cities were likewise investigated.

Investigations of the pollution of streams and the examination of shellfish were also conducted.

Trachoma was combated in the Appalachian Mountains, where it is most prevalent, over 12,000 cases being treated. Surveys in certain states during the year showed that the disease is not an uncommon infection.

Rural sanitation work was conducted in six different states and everywhere resulted in the reduction of typhoid and other communicable diseases.

Public health laboratories for the prevention of the interstate spread of disease were established at Chicago, Seattle, and numerous other railway centers.

Additional duties have been imposed upon the Service by extension of relief benefits to the newly organized Coast Guard and the physical examination of seamen applying for the rating of "able seaman." For this reason, and because of the greatly increased health functions of the Service, an increase in the commissioned personnel is recommended. An additional building for the Hygienic Laboratory and the establishment of a National Leprosarium for the proper segregation and care of cases of leprosy are also recommended.

In conclusion, we append the following from the Associated Press items in the *Nashville Tennessean* and *American* of Dec. 24th, 1915:

"Washington, Dec. 23.—Surgeon General Blue, of the public health service, to-day ordered greater precautions against introduction of typhus fever all along the Mexican border. Surgeon C. C. Pierce has been taken from San Francisco and placed in charge of the situation at Laredo, where a quarantine against typhus carriers has been set up. Extra precautions will be taken at all other points of entry.

"Thirteen members of the American and English colonies in Mexico City are reported down with the fever and other cases are said to exist among other foreigners. Three cases are reported in Laredo, Texas, and thirteen are reported in Nuevo Laredo, in Mexico, across the border. The Mexican authorities have promised to co-operate with American officials in keeping out the disease carriers."

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**"THE KING IS DEAD!"—"LONG LIVE THE KING!"**

The old year, with its trials, its troubles, its sorrows, its joys and its pleasures is gone, and forever; but the New Year is here, and we sincerely extend to our readers the usual greeting—"A Happy New Year," to you, one and all. It is an old, old form, so old that it is a formula; but like good wine, all the better that it is old. It has been said by so many men and women in the past that it has become a part of the life of our people; something to be looked for in its season as the budding leaves in spring, the full blossom and bloom of summer, the rich and ripened tints of autumn, the frosts and snows of winter.

It is a common tie uniting to us our friends, and is as welcome and hearty in the East as in the West, whether uttered "heah" with a soft, Southern drawl, or in the North with the rolling *r's*, and as we have always enjoyed its being extended to us, so we are alike pleased to sincerely tender it to others. Hallowed by years of usage, sweetened by common custom, in the fullness of heart we can say to you "a Happy New Year!"

The year that has now gone forever, at its advent and during part of its progress looked more or less gloomy and forbidding; and even yet, we can but be saddened and grieved at the sad lot of our cousins and friends on the other side of the world, and had hoped and hope that the year surely would not close without seeing an end of the terrible strife, worry, anguish and loss of life. It is not only the loss of the lives of so many of their youngest, bravest and best, but the sufferings of the vast multitudes whose homes were on the grim battlefields, the anguish of those other multitudes in other areas of Europe far distant from war's dread alarms, the shriek of shell and the hissing of bullet; the dire knowledge of the loss of loved ones, or the miserable uncertainty and doubt as to their fate! Personal experience during four distressing years have taught us the terrible lesson that is now the sad fate of so many homes and hearthstones beyond the sea.

However, "it is an ill wind that blows nobody any good," is an old and trite saying, and it is not with a feeling of heartlessness or sordid selfishness, but a very plain fact we can state, that notwith-

standing the gloomy outlook of a year ago, the dullness and stagnation of trade and all kinds of business, the New Year finds our people in a most prosperous condition, our holiday season has been unusually prosperous along all lines. With a steady demand and good prices for all products of field and farm, loom and mill, live stock and minerals, with an unusual return and restoration of American securities, congested lines of traffic and transportation, the New Year comes in with an abundance of bounties and profits of all kinds of labor. We are no longer a debtor nation, but a creditor. Our people own one-fourth of the world's gold. Furthermore, we have every reason to believe and to hope, that we are now more closely allied to our South American neighbors and they are more firmly attached to us than at any time in the past. And although our relations with our nearest southern neighbor at times in the recent past did look somewhat squally and unpleasant, it does look somewhat like our Mexican friends are getting matters in pretty fair shape; and even the ugly outlook resulting from the submarine attacks on merchant vessels by both German and Austro-Hungarian commanders, bids fair to get smoothed over.

Yes, the New Year finds our country at peace with all the world; and we cannot only wish our friends and readers a Happy New Year, but do so with reasonable expectation of its realization. As for *The Southern Practitioner*, we are gratified to state that it has never had a more satisfactory outlook than the New Year brings. Now entering on its thirty-eighth year, its editor entering on the last quarter of a century's trudging and traveling along life's highways and by-ways, will continue to do what Kipling was talking about when he said:

"If you can make your nerve, and bone, and sinew  
Serve their turn long after they are gone,  
And so hold on when there is nothing left in you  
Except the will that says to them 'Hold on!'"

Feeling so well satisfied with our own condition, and that of our little journalistic bantling that we have nursed and nurtured for the best half of a long life, I can well say, to each and all, "*A Happy New Year.*"

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#### THE FACTOR OF POVERTY IN SANITATION.

The factor of poverty in sanitary problems was discussed in Washington, November 26th, by Surgeon General William C. Gorgas, whose success in cleaning up Havana and the Panama canal zone have brought him recognition as America's leading sanitarian. His audience was the Clinical Society of Surgeons, assembled in their twenty-fourth annual meeting. Dr. Gorgas said, in part:

"Such sanitary work as is necessary in the tropics is inexpensive, but measures directed against special diseases are not the greatest good that can be accomplished by sanitation.

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate more or less the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease and the stone-wall against which every sanitarian must finally impinge.

"During the last ten years of my sanitary work I have thought much on this subject. Of what practical measures could the modern sanitarian avail himself to alleviate the poverty of that class of our population which most needs sanitation? It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible, either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs.

"The modern sanitarian can very easily decrease the number of men competing for jobs; if by next summer he should introduce infected *stegomyia* mosquitos at a dozen different places in the southern United States he could practically guarantee that when winter came we would have several million less persons competing for jobs in the United States than we have at present. This has been the method that man has been subject to for the last six or seven thousand years, but it does not appeal to me, nor, I believe, to yourselves. This method is at present being tried on a huge scale by means of the great war in Europe. I do not think that I risk much in predicting that, when this war is over and we shall have eliminated three or four million of the most vigorous workers in Europe, wages will rise and for a long time no man will be unable anywhere in Europe to get a job at pretty fair wages.

"But I am sure that every sanitarian would much rather adopt measures looking toward the increase of jobs rather than, as we have done in the past, submit to measures that decrease the number of competitors for jobs.

"I recently heard one of the members of the Cabinet state that in the United States 55 per cent of the arable land, for one reason or another, is being held out of use. Now suppose in the United States we could put into effect some measure that would force this 55 per cent of our arable land into use. The effect at once would be to double the number of jobs. If the jobs were doubled in number wages

# Laughlin



*Non Leakable—Self Filling*

## Fountain Pen

*No Extensions to "remember"  
No Locks to "forget"*

**The Pen without the trouble.**

Guaranteed absolutely non-leakable—pen and feed kept moist and primed, insuring a free, uniform flow of ink, instantly upon contact with writing sheet.

May be carried in any position in pocket or bag without possibility of leaking or sweating.

Every pen guaranteed satisfactory to the user—or money refunded—size illustrated in this advertisement

**\$2.50** by mail  
prepaid

to any address—plain black, chased or mottled as desired.

It is not necessary to write us a letter, simply enclose \$2.50 and a slip of paper containing your name and address and we will mail the pen by return mail.

Send us the name of your dealer, that you asked to show you a Laughlin Non-leakable Self-filling Fountain Pen, and we will send you free of charge one of our new Safety Pocket Fountain Pen Holders.

It is not required that you purchase a pen to get this Safety Holder, we simply want the names of dealers who do not handle this pen, that we may mail them our catalogue. Address

**Laughlin Mfg. Co.**

262 Wayne Street

Detroit, Michigan



K&O DOUCHE FOR THE APPLICATION OF  
GLYCO-THYMOLINE TO THE NASAL CAVITIES

## GLYCO= THYMOLINE FOR CATARRHAL CONDITIONS

Nasal, Throat

Intestinal

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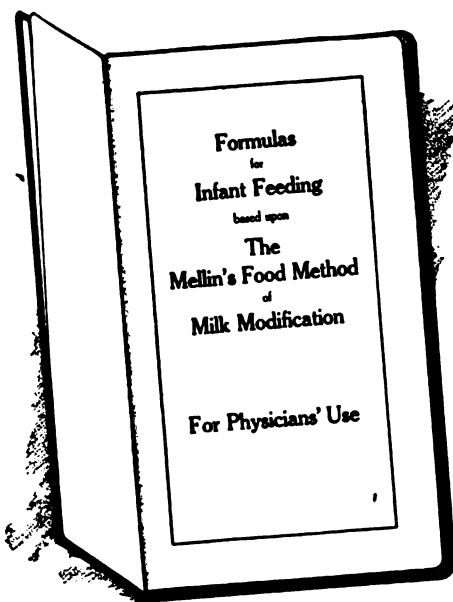
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A method of infant feeding that appeals to the doctor who prefers simple mixtures—

A method that is suited to the physician who desires to know every detail of percentages and calories—

Is contained in this book of sixty-two pages.

We offer this book free of charge—an opportunity of securing a most serviceable work, made possible only by many years of close attention to all matters pertaining to infant feeding.

MELLIN'S FOOD COMPANY,

BOSTON, MASS.

## REBUILT TYPEWRITERS GUARANTEED

Our guarantee is good. We have maintained high reputation for square dealing *25 years*

REMINGTON  
SMITH PREMIER  
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L. C. SMITH  
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OLIVER

and all other good  
makes



CASH OR  
EASY TERMS

WRITE FOR  
CATALOGUE  
**TO-DAY**

**MYERS MFG. CO.**

NASHVILLE,

TENNESSEE

would be doubly increased. The only way I can think of forcing\* this unused land into use is a tax on land values.

"I therefore urge for your consideration, as the most important sanitary measure that can be at present devised, a tax on land values."

---

**"UNDER WHICH KING, BEZONIAN?"—'TOTHER OR WHICH?**

On December 24th, we received a communication bearing the letter-head of the American Medical Association, dated December 21st, 1915, and signed American Medical Association, Will C. Braun, the first paragraph being as follows:

"Dear Doctor Roberts:

"You are to be congratulated on the splendid spirit of co-operation you are showing by maintaining membership in your County and State Medical organizations. This demonstrates your interest in the betterment of conditions pertaining to your profession and its opportunities."

In the same envelope was enclosed several "leaflets" from one of which we make this extract, it being from *The Journal of the American Medical Association* of November 13th, 1915:

"In the Propaganda Department this week (see p. 3), we print an editorial on advertising copied from the *New York State Journal of Medicine*. The conclusion is couched in strong language—but not a whit too strong:

"'When an exploiter places on the market a nostrum of no intrinsic value (excepting the bottle and cork) for which he claims virtues which it does not possess . . . he robs the purchaser of his money and health, thereby becoming a thief of the most despicable order. Any medical journal printing the fraudulent claims contained in the advertisements of the nostrums condemned by the Council on Pharmacy and Chemistry is an accessory to this act of thievery and the subscriber to such journals voluntarily assumes the position of an accomplice.'"

This leaflet, or more properly a "pronunciamento" from the "Propaganda, (we came very near making that last syllable *der*), goes on further to arraign our esteemed and valued contemporaries *The N. Y. Medical Record*, the *N. Y. Medical Journal*, and the *Therapeutic Gazette* for admitting certain advertisements to their pages. We cannot but infer that this "propageezer" would place us in a similar class, as we have been pleased for years past, to place before our readers, the advertising matter of a number of "proprietarys" now banned by the Propaganda, but by many of our readers and ourselves regarded as not only valuable, but well-nigh "standard."

We do not like to be called a *thief*, or classed as one, for we do

not think we have ever stolen anything—at any rate, it has not been proved on us; nor did we secure our degree of M.D., as a *Regular Doctor of Medicine by fraud and falsehood!*

Furthermore, many of the advertisements appearing in our pages that so offend the “water-cure wizard of Dearborn Street and his satellites,” regularly appeared in the pages of the *Jour. of the A. M. A.*, when it was under the guidance of such grand and noble colleagues as N. S. Davis, the “Father of the Association,” Jno. C. Culbertson, Jno. H. Hollister, and Jno. B. Hamilton. Oh yes, any dog may bark at me, but then I can feel a little doubtful and chary when he licks my hand.

Oh, well! There is a better day coming—and everything comes to him who will wait. A recent legal ruling as to the *standing* of the A. M. A., under its present mismanagement may have some effect, and although we are not a lawyer, we are justified in the belief that a libel suit would stand—in *re The N. Y. State Journal of Medicine* and the “J. M. A.” and the above quotation therefrom. The small perSimmons and his clique are on thin ice, if they only knew it.

---

**PARAFIN OIL IN INTESTINAL STASIS:**—The necessity for a thorough knowledge of the action of any therapeutic agent, before one can secure from it satisfactory results, is very strongly emphasized in the case of mineral oil.

It is surprising sometimes, to note the erroneous ideas and impressions that are held by both physicians and patients regarding it. One finds it to be often used as if it were a laxative or even cathartic agent. One hears of its being used to “clean out the bowel” and the complaint often made that mineral oil is too slow to act, or that doctor or patient cannot afford to wait for its action, shows how little its actual *modus operandi* is appreciated.

Mineral oil is a lubricant and nothing else, that is, if it be of proper purity to be put into an intestinal canal. Not every oil is “safe,” *i. e.*, unless hyper-refined (which most oils are not) there may remain sulphur compounds or lighter hydrocarbons, which cause unpleasant symptoms such as nausea, eructations and flatulence—or do serious harm in the way of irritating the kidneys.

Mineral oil acts mechanically *not* medicinally.

Hence its effects are slow to appear, especially in cases where lubrication is most needed. Unless the oil be of the correct degree of body, it does not admix with the content of the bowel, runs through the canal and causes “leakage.”

Too much oil is just as bad as too little—and the quantity required in the individual case cannot be gauged in one general plan. That is

to say, there is no such thing as a fixed dose. Nor should it be given by "rule o' thumb." The individual dose must be determined and then the dose adjusted to the needs of the individual case. After all, mineral oil should be used only to restore normal action to train the bowels to act, and its discontinuance should always be kept in mind and sought for after it has done its work.

To discriminating physicians who take nothing for granted, investigation will show, that for therapeutic use, there is but one ideal preparation of mineral oil—and that is Interox.

---

**PHYLACOGEN IN PNEUMONIA:**—Perhaps no disease has baffled medical treatment to a greater extent than has lobar pneumonia. It must be conceded that as yet there is no true specific for the disease. The mortality from this type of pneumonia is high as compared with that of most other infectious diseases. In view of these facts, any agent that nearly approaches the specific in lobar pneumonia should be welcomed by the medical profession. Pneumonia Phylacogen is believed to merit that distinction.

In the use of Pneumonia Phylacogen, as in that of the various other Phylacogens, observance of certain details of administration may have an important bearing on the results. The product may be administered either subcutaneously or intravenously. The first dose should invariably be given subcutaneously. Injections should be made slowly—as slowly as possible, in fact. When injections are made hypodermatically the needle should not be allowed to enter the superficial fascia or muscular tissue. Certain patients, it has been found, do not absorb Phylacogen, when subcutaneously administered, with sufficient rapidity to produce the desired effect. Such cases will usually respond promptly to small doses given intravenously.

Large initial doses should be avoided. One Cc. will usually be suitable for the initial subcutaneous dose, and for debilitated persons it is well not to exceed  $\frac{1}{2}$  Cc. The increase in dose should be gradual—usually  $\frac{1}{2}$  to 1 Cc. per diem, depending upon the effect of the previous dose upon temperature and pulse-rate, and only when these have again become normal should another injection be made.

The initial intravenous dose, which should always be preceded by one or more doses subcutaneously, should not be more than  $\frac{1}{4}$  to  $\frac{1}{2}$  Cc. (say 2 to 4 minims). Subsequently the dose may be increased by  $\frac{1}{4}$  to  $\frac{1}{2}$  Cc. each day, according to the general indications, avoiding if possible the production of a marked constitutional reaction.

Pneumonia Phylacogen, which is supplied in 10-Cc. rubber-stoppered glass vials, is preserved with an antiseptic, and, with ordinary

care, will not deteriorate as a consequence of exposure due to opening the vial. None of the material need therefore be wasted.

---

**A RELIABLE ANALGESIC:**—Most doctors realize that as a symptom, pain as a rule has considerable diagnostic significance. Sometimes at least, if not often, the doctor is apt to overlook one fact, viz. pain to the patient is a *condition* not a symptom—he cares less for what it means, than to get relief from it.

Hence the doctor is sometimes caught upon one horn of a double dilemma. To relieve pain by ordinary means—i. e., Hypodermatic injection or narcotic, given per os, is to satisfy the patient but mask or alter the meaning of certain symptoms.

If the patient is left to suffer while the case is studied, the diagnosis is favored, but patient and friends resent what seems to them to be neglect. The use of opium or similar drugs to relieve pain is always fraught with danger—it's almost as bad as trying to cut off a dog's tail behind his ears! Nature has provided a means for pain relief or analgesia that deserves more careful and general use. In the arrangement of the sympathetic nervous system, the spinal distributing and reflecting centers, lies the explanation of the good effect of counter-irritation and analgesia produced through the skin by local and external application.

And upon such natural physiological rules and working plans is based the action of the Anodyne "First-Aid," viz. K-Y Analgesic.

Being greaseless and water-soluble, K-Y Analgesic when applied to the skin, absorbs rapidly, penetrates deeply, relieves promptly and is more or less prolonged in action and effect. The Analgesic agents contained in it, camphor, menthol and methyl salicylate are active but non-irritant or toxic, so that K-Y Analgesic can be applied as often as necessary and in any amount.

It does not stain the skin or soil clothing.

For the relief of headache, neuralgia, rheumatic pains, stiff and painful joints, lumbago, sprains, etc. K-Y Analgesic will be found to deserve a place in the doctor's mind—and in his bag, or on the shelf in his office.

---

**FRICTION'S ANTIDOTE:**—Ask any doctor point blank, the antidote for opium, or arsenic, or strychnine and his answer would be prompt and practical.

But ask him the antidote for physiological friction and he might hesitate before the word lubrication came to mind.

Nevertheless, lubrication is a word that should suggest much to the doctor, for he needs lubrication—and not only lubrication, but

perfect lubrication, every time he uses the catheter, sound, speculum, scope, the examining finger or any instrument of penetration.

Hence, friction's antidote should suggest K-Y Lubricating Jelly. Nay more, it should persuade or compel him to have at hand, in his bag and on the shelf, a tube of "K-Y," which is insurance against trouble or annoyance.

K-Y Lubricating Jelly is a perfect lubricant.

It is greaseless and water-soluble, which means that it is efficient and convenient. Its essential property is slipperiness and it is not sticky. Neither does it stain the skin or soil the clothing. It is emollient and protective. It is transparent and economical to use.

Consequently it is not only of service for lubricating instruments of penetration, but it serves as an effective dressing or application to burns and scalds. When applied early, taking care to cover all of the affected surface, it often prevents blistering. It relieves the soreness of chafes and promotes healing.

It soothes pruritus even of the most severe kind, in many cases, and is useful in dermatitis, urticaria, eczema, irritable ulcers, etc.

One especially valuable use for K-Y Lubricating Jelly is to anoint the skin in scarlatina, measles, chickenpox, etc. It protects, allays irritation, and can be used without soiling or staining the clothing of the patient.

K-Y Lubricating Jelly also keeps the surgeon's hands supple, protects against bichloride rash and "protects the feel."

---

RESTORING THE PHYSIOLOGIC ACTIVITY OF THE BOWELS:—There are scores of drugs listed in the *materia medicas* and *pharmacopœias* which have some direct or indirect action on the bowels. They exert their influence in various ways—mechanically, physiologically and medicinally—and all have more or less merit—as their use and recommendation go to indicate.

It should be remembered, however that catharsis and purgation are properly never anything but emergency measures—to be used only "on the spur of the moment" when quick eliminative action is needed; as a consequence of which cathartic and purgative drugs have no place in the routine or systematic treatment of constipation. Gentle stimulation of the bowel, on the other hand, by means of mild but effective *laxatives* offers the more rational means of treating bowel inactivity, the commonest of the human ills, and should always be called upon when permanent benefits are sought. The effects of such measures will be prompt and decided, without pain, griping or distress of any kind, and since they are brought about

by proper stimulation of physiological processes, they are naturally more prolonged and persistent.

Remedies that can accomplish such results are few and far between. *Prunoids* is one of the best of them and its gentle but thoroughly satisfactory action in all forms of constipation, stasis and even intestinal atony, through its influence not only on peristalsis, but also on secretory activity, have made it the remedy of choice for this class of cases by thousands of physicians in all parts of the world. An opportunity to test its value will be given to all physicians who address the Sultan Drug Co., St. Louis, Mo.

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**A SAFE AND RELIABLE CARDIAC TONIC:**—It is a matter of common observation in the treatment of functional cardiac disorders that all remedies must be avoided that tend to cause reactionary exhaustion or depression following their initial effect. To use a homely but more or less apt illustration, the driver of an unruly high strung horse should not pull it up suddenly or harshly, but always gently and firmly. Therefore, when the heart is irritable or unruly, as it were, it can best be regulated by a remedy that will accomplish this purpose in a gentle yet firm uniform manner. Clinical experience extending over many years has shown that *Cactina* is such a remedy and can be relied upon as a most satisfactory tonic in all functional cardiac derangements.

At any rate the more one uses *Cactina Pillets* in the heart cases constantly being met in every-day practice, the more one grows to realize the value of this remedy. Prompt and positive in effect, *Cactina* has the great advantage of being perfectly safe and free from any tendency to cumulative action. It should, however, be constantly borne in mind that *Cactina* is not a powerful cardiac stimulant, but on the contrary is a tonic that acts by sustaining and steadying the heart.

*Cactina* has no contra-indications, and the experience of many thousands of competent physicians has conclusively shown that it can be used under any and all conditions with implicit confidence not only in its freedom from harmful or unpleasant effects, but equally in its capacity to support and strengthen the heart's action and thus help it to do its work.

---

**NOT A DIGESTIVE SUBSTITUTE:**—The amount of actual harm done with the best intention, by continually supplying the digestive organs with digestants, or ferments, instead of encouraging them to generate their own, is doubtless greater than we realize. It is not very often that one need order predigested food for a patient, although occasions

may and do present themselves when this is advisable. But the indiscriminate use of pepsins and similar substances from the vegetable kingdom, in the management of many patients with weakened digestive powers, is scarcely to be justified. A much more useful remedy, because of its being a true stimulator to the digestive functions, gastric and intestinal, is *Seng*. This well-known preparation contains the active principles of *Panax* (Ginseng,) and is especially useful because it stimulates the physiologic activity of the digestive glands and thus "helps them to help themselves"—obviously the most desirable therapeutics in all functional cases. It should be remembered, therefore, that *Seng* is not a ferment to digest food which weakened organs cannot care for in their natural manner. Instead, its action is to restore tone and vigor to the secretory structures so that they are able to evolve and supply their own ferments. *Seng* is a very agreeable remedy to take, and its benefits are manifested in surprisingly short order. In convalescence from fevers or diseases impairing the digestive functions it is unquestionably one of the most efficient remedies being used by medical men today.

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**THE NEURASTHENIC INVALID:**—Like the poor, the neurasthenic is "always with us," and while the stress and strain of modern life and living continue, the physician will be called upon to treat the more or less chronic invalid who exhibits all sorts of bizzare symptoms, in endless and kaleidoscopic variety. It is, of course, an easy matter to advise the physician to search out and remedy the operative cause of the disorder, but it is not always as easy to do this, especially when no organic changes are discoverable. While purely symptomatic treatment may be unscientific, it is usually essential, in order to gain and retain the confidence of the patient. There is, however, one pathologic finding in a large majority of cases, and that is anemia of greater or lesser degree. In some instances this may be found to be the essential cause of the neurotic symptoms. In any event, this condition should be corrected, and for such purpose there is no better remedy than *Pepto-Mangan* (Gude). When a hematinic is indicated for a nervous, cranky man, or a finicky, more or less hysterical woman, *Pepto-Mangan* is peculiarly serviceable, as the patient cannot consistently object to the taste, which is agreeable to every one. The digestion is not interfered with in the least, constipation is not induced, and the blood-constructing effect of the remedy is prompt and certain. It is always worthy of trial not only in the anemia of the neurasthenic invalid, but also in all conditions of blood and tissue devitalization.



"A DEPENDABLE ALLY":—All too frequently when the *natural defences* of the body call for support and reinforcement, the *reserve forces* are found to be weak and inadequate. The aid of a good tonic becomes urgent, therefore, if the body is to win in the *conflict with disease*.

As a *dependable ally* to the physiologic forces of the body *Gray's Glycerine Tonic Comp.* has proven its value beyond all questions during the twenty-five years it has been at the command of the medical profession.

It is simple yet appealing in its composition; the ingredients of "Gray's" are selected and combined with a care to quality that assures therapeutic effects.

The success of "Gray's" is a success built upon efficiency and reliability—the *attainment of results*; in no other way could it have won the regard and confidence of the thousands of physicians to whom it is "the thought" whenever a tonic is needed.

---

DANGER DUE TO SUBSTITUTION:—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

---

LISTERINE is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, re-inforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine. In daily use by leading internists, surgeons and dentists.

---

**AUGMENTATION OF SYSTEMIC RESISTANCE TO INFECTIONS:**—Clinical experience seems to show quite clearly that certain infections may be reduced in severity by the administration of *Ecthol* (Battle). Thus in erysipelas and furunculosis, to select two infections which have responded to the internal use of *Ecthol*, it has been found that *Ecthol* exerted an influence on the process of a most beneficial nature, which probably is best explained by assigning to *Ecthol* the positive power of increasing the phagocytic action of the blood stream. Typhoid fever and small-pox are also diseases which indicate the employment of *Ecthol*.

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**DO NOT FORGET** that *Syr. Hypophosphitum—Fellows*, made according to the original Churchill formula is prepared from the best pharmaceuticals—after thorough testing by reliable and efficient laboratory experts. Always uniform, efficient and eminently satisfactory, far more so than any extemporaneous prescription as prepared by the average prescription pharmacist. You can always rely on getting just what you need when you get a bottle of “Fellows” in the *original package*. We make this statement after more than forty years actual experience with it—the “Council on Pharmacy and Chemistry” to the contrary, notwithstanding.

---

**ADVANTAGES OF PASADYNE:**—Its innocuousness, a quality it possesses notwithstanding its singularly potent therapeutic properties, makes *Pasadyne* (Daniel) of particular value in women and children or for long continued administration.

When it is recalled that *Pasadyne* (Daniel) which is merely the distinctive name for a pure, concentrated tincture of *passiflora incarnata*, will perform every service expected of a sedative, then its superiority over the usual run of sedatives will at once be appreciated.

A sample bottle of *Pasadyne* may be had by addressing John B. Daniel, Inc., Atlanta, Georgia.

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**FIROLYPTOL** contains cotton seed oil, Morson's White Label Keosote, Firwein and Eucalyptol, and is anti-tuberculous and anti-struneous. If you have not tried it, write to The Tilden Co., 1606 Pine St., St. Louis, Mo., for a sample.

THE FAIRCHILD CULTURE of the *Bacillus Bulgaricus* appeals to the preference of the physician on the ground of excellence, assured by source, method of manufacture and standardization, the way it is put up and labelled, the guarantee, method of distribution; and upon the final criterion of its record in clinical experience.

*The Fairchild Culture* is placed at the disposal of the medical man in the most direct manner possible and without any exploitation of disease.

---

UNEXPECTED FINDINGS in obstetrical work emphasize the advantages of having a supply of the original Hayden's Viburnum Compound in your bag. In cases of Rigid Os; Post-Partum Hemorrhage; Uterine Inertia and Threatened Abortion its unqualified worth has been demonstrated to many leading and successful practitioners, who also commend it in cases of amenorrhea and menorrhagia.

---

GLYCO-HEROIN (*Smith*) is an absolutely stable and uniform product that has gained world-wide distinction due to its dependable, safe and satisfactory results, in the coughs and colds so prevalent and annoying at this season of the year. Do not forget the requirements of the Harrison law when you prescribe or order it, on account of its heroin content.

---

THE STOMACH WEAKENED BY DISEASE easily and with the least exertion takes up and digests *Trophonine*, because it contains the nucleo-albumins and nucleo-proteids—the highest nourishment. A trial in your next case will show its value. If interested send for samples and literature. Reed & Carnrick, 42-46 Germania Ave., Jersey City, N. J.

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UNIFORMITY OF COMPOSITION, dependability as to cleanliness, wholesomeness and ease of assimilation are necessary requisites in any food that supplants mother's milk, when for any reason Nature's supply fails, are marked characteristics of the Gail Borden Eagle Brand Condensed Milk—*The Original*.

---

TONGALINE does not cause stomach or other disturbances due to sodium salicylate made from coal-tar; furthermore its uniformly good results are secured by the care in its manufacture, and readiness of absorption of its salicylic acid, made from the natural oil of winter-green.

# Defective Elimination

readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise; thus *cause* and *effect* form a circle which must be broken by rational therapeutic treatment while proper hygienic conditions are being re-established.

## Cystogen-Aperient

(Granular Effervescent Salt)

performs a *double service* by stimulating to normal function and by disinfecting the intestinal and urinary tracts.

**Specially Indicated in the Treatment of Gouty Conditions and Auto-Intoxication of Self-Poisoning Diseases, Such as Pellagra, Typhoid, Etc.**

Cystogen-Aperient is not presented as a saline purgative, but as a rational therapeutic aid wherever treatment is based on elimination; it combines the *laxative and tonic* properties of Sodium Phosphate and Tartrate with the *diuretic urinary-antiseptic and solvent* action of Cystogen ( $C_6H_{12}N_4$ ).

FORMULA: { Cystogen gr. V.  
Sod. Phos. gr. XXX.  
A teaspoonful Contains { Sod. Tart. gr. XXV.

Dose: A teaspoonful in a glass of water t. i. d.

Samples on request.

CYSTOGEN CHEMICAL CO.

515 Olive Street, St. Louis, U. S. A.

## Scalp and Face Wounds

can now be properly sutured *without waste*. Use a

### "Van Horn" Emergency Tube

containing a 20-inch strand of plain or chromicized catgut. Sizes; 00, 0, 1, 2 and 3 in the plain, and 00, 0, 1 and 2 in the chromicized.



A Dollar a Dozen

At Your Dealer—or Sent Upon Receipt of Price.  
No Samples

**VAN HORN and SAWTELL**

New York, U. S. A. AND London, England  
15-17 E. 40th Street AND 31-33 High Holborn

## "The Cleanest of Lubricants"

**K-Y Lubricating Jelly** (REG. U. S. PAT. OFF.)  
"The Perfect Surgical Lubricant"



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sound's and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

• Samples on request.

**VAN HORN & SAWTELL**

NEW YORK CITY AND LONDON, ENGLAND  
15-17 East 40th Street AND 31-33 High Holborn

# The Southern Practitioner

AN INDEPENDENT MONTHLY JOURNAL  
DEVOTED TO MEDICINE AND SURGERY

ESTABLISHED 1879

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*Subscription Price Only One Dollar A Year*

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**Advertising Rates are Lower than Other Medical  
Journals of Far Less Circulation**

*Original Essays, Original Communications, Clinical Reports of Interesting Cases, Reprints of Interesting Articles, Results of Experience with Old and New Remedies, Proceedings of Medical Societies, Extracts from Medical Journals, Bibliographical Notices and Reviews, Medical Items, and Editorial Comments, will constitute the subject matter of each monthly issue. Its pages will at all times be open to anything that pertains to progress in medicine and surgery.*

To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

Correspondence and Reports of Cases are requested from all regular Practitioners and Medical Organizations.

**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

**RACHITIC CHILDREN:**—The value of cod liver oil in rachitis has been so thoroughly demonstrated that there can scarcely be any question on the score of therapeutic efficiency, so the only problem arising in the use of cod liver oil in rachitis would be on the point of palatability, and if *Cord. Ext. Ol. Morrhuae Comp.* (Hagee) be adopted then this is at once settled. *Cord. Ext. Ol. Morrhuae Comp.* (Hagee) contains the essentials of the crude oil—the elements that give to the oil its well marked therapeutic and nutritive properties.

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## Selections

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**GARLIC JUICE IN WOUND TREATMENT:**—Since the great European war commenced many and various modes of treating wounds have been tested and more have been discussed. At the beginning of the campaigns the antiseptic treatment of wounds and injuries in civil life had fallen into disfavor—almost into disrepute—and some authorities had openly stated that the antiseptic method was practically dead. However, after the war had progressed somewhat, it was found that not only were antiseptic principles not dead but that under the conditions which prevailed in the most modern warfare the carrying out of aseptic methods were, generally speaking, impossible and that recourse must be had to Lister's principles. Many measures have been suggested and tried, and among these not the least successful has been the employment of hydrogen peroxide. Another substance which seems to have proved its worth is garlic juice. In the *Medical Press and Circular*, November 17, 1915, Dr A. D. Serrell Cooke writes concerning this method. The way in which the juice was used is stated to be as follows: After efficient drainage had been established the infected wound was washed out carefully twice daily with a lotion of garlic juice and distilled water, in a strength of 1 to 3 or 1 to 4. After this treatment in a large number of cases a noticeable improvement occurred in 24 hours and a decided improvement within 48

hours. During this period the purulent discharge not only became markedly diminished, but also the pain and surrounding inflammation were either very much relieved or disappeared. The kind of wounds treated were recent dirty wounds, in which suppuration had not yet occurred; foul, lacerated suppurating wounds of the face, scalp, thigh, etc.; extensive superficial burns of the face, scalp, chest, limbs, and abdomen in children; suppurating bursæ about the knee; cases of empyema; foul ulcers of the leg; infected and suppurating wounds in connection with compound fractures; carbuncle; one particularly interesting case of moist spreading gangrene of the leg in an old woman of 71 years, etc.

The good effects of garlic juice have been ascribed to the active principles contained in the essential oil derived from it; and *oleum allii* is stated to contain allyl sulphide, in addition to certain volatile terebenes. As the red-skinned varieties of *Allium sativum* are said to contain more of the essential oil than the white-skinned, the juice derived from the former has been chiefly employed.

As a matter of fact, although stress has been laid upon the regeneration, so to speak, of antiseptic principles in the treatment of wounds, the antiseptic value of garlic juice according to the Rideal-Walker tests is but small. Cooke is of the opinion that as the result of the work carried out in Paddington Infirmary with garlic juice, it would seem that in this substance we have at hand a powerful remedy for the treatment of infected wounds. It would appear to possess properties which are cleansing, sedative, deodorant, penetrative, lymphagogic, and possibly also antiseptic. To its action as a lymphagogue probably most of its good results are due, and the results in wound treatment so far achieved by it would appear to confirm in practice, without injury to the tissues, the recently expressed theory of Sir Almroth Wright as to the value of drainage combined with lymph lavage in wound treatment.—*Medical Record*.

**CANCER IN THE UNITED STATES:**—Dr. Beitler, Registrar of Vital Statistics, State of Maryland, has prepared some very interesting tables showing the mortality of cancer in the registration area of the United States during the decade 1904 to 1913.

The number of deaths, in the Registration Area, from this cause has increased from 23,295 in 1904 to 49,928. This corresponds to a rate of over 70 per 100,000 in 1904 and nearly 79 per 100,000 in 1914. Dr. Beitler's analysis shows the steady increase, not only in the number of deaths, but in the death rate in practically all the years of the decade, the increase in the rate amounting to 12.5 per cent., comparing the first with the last year of the decade.

Facts already well known in regard to the prevalence of this disease are clearly brought out in this study: the greater frequency of cancer in the females than in the males; the greater increase in the rate among the males than among the females; no marked increase in the mortality up to the fortieth year of life, after which the death rate per one thousand shows a progressive increase; the greatest number of deaths between the ages of 60 and 70, closely followed by the age-group between 50 and 60.

The most frequent site of cancer shown in the table is cancer of the stomach and liver, from which 31 out of every hundred thousand people died in the year 1913. The next in order of frequency is that of the female genital organs,—the mortality for which was 12 per one hundred thousand. Cancer of the intestines showed a mortality of 10, cancer of the breast one of seven per one hundred thousand of the population.

The most marked increase is seen in cancer of the intestines. Next in order was the increase of 40 per cent. of cancer of the mouth. Then cancer of the breast with 20 per cent., cancer of the stomach and liver with 19 per cent. increase.

The conclusions Dr. Beitler draws are that cancer mortality is increasing, that the increase is real, that the ques-



tion of refined diagnostic methods and the inclusion of border-line cases cannot be a large factor in determining the rates; that it is hardly probable that a physician of a decade ago was so inefficient as not to be able to recognize advanced cancer; that the changes in the composition of the population, that is in the sex and age distribution, were so slight that the effect on the increase in the specific rates was negligible.

The paper is interesting just at this particular time when the discussion of the increase in the mortality from cancer has taken on a new impetus by reason of the campaign directed by the American Society for the Control of Cancer and by the scientific organizations.

As pointed out in the *Bulletin* of November 13, the Department of Health proposes in the year 1916 to make its cancer statistics highly accurate by securing, wherever possible, additional information from the physician in all deaths reported from cancer.

A disease which is responsible for more than five per cent. of all deaths, which appears to be definitely on the increase, and which brings misery and suffering wherever it occurs, demands our serious attention. The Department of Health counts on the physicians of this city to co-operate with it in securing light on the nature and mode of spread of this obscure malady.—*Weekly Bulletin of the Dept. of Health of the city of New York.*

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ANOTHER TRAGEDY OF UNPREPAREDNESS:—In a football game at St. Louis several weeks ago, one of the players received an injury to the cervical spine and was taken to the City Hospital. After careful examination it was determined that surgical interference was not indicated, in that fragments of the vertebra were not then pressing on the cord; that the character of the injury made the patient's condition practically hopeless, and that the treatment indicated was absolute quiet and immobilization. The parents of the boy were frankly told the seriousness of the

injury. In the face of these conditions, according to the *Journal of the Missouri State Medical Association* (Dec., 1915, p. 544), an osteopath, who had been engaged by the father, wanted to treat the patient immediately. The surgeon in charge, fearing injudicious handling which would deprive the patient of any existing chance for recovery, refused to permit the osteopath's treatment. The osteopath, accompanied by the boy's father, then obtained an order from the mayor to the hospital commissioner, relieving the hospital physicians from further responsibility and permitting the osteopath to "try to save the patient as the doctors had given him up.'" Says the Missouri journal:

"For five days the patient had been resting quietly with a gradual lessening of the effects of the frightful shock from the hemorrhage into the cord. Then the osteopath applied a jury-mast to the victim's, head, which resulted in renewed shock, a scream and a plea from the patient to remove the apparatus. The patient became cyanotic. The extension was removed on account of the patient's bad condition. Death followed about two hours latter."

The necropsy report showed that death was due to "hemorrhage into the cord and fracture of the cervical vertebrae," thus supporting the diagnosis of the physicians and proving that their treatment had been correct. The *Journal* continues:

"Now it seems clear that the mayor and the director of public welfare actually took charge of a poor unfortunate who was receiving the best possible care which could be provided in a metropolis and noted medical center. They dismissed the skilled attendants who were honest and had informed the relatives of the actual state of affairs and turned the patient over to the distracted and deluded father and mother and an arrogant, boastful osteopath."

Here, it seems, is another instance in which the delicate watch was given over for repairs, not to a skilled watch-maker, but to a blacksmith. The change of the patient from a condition of quiet restfulness, with its possible

chance for recovery, to one of sudden pain, shock and speedy death was too prompt to be interpreted otherwise than as due to the use of methods entirely unwarranted by the conditions. The safety of the patient demands that whoever assumes the role of the physician must have had sufficient medical training to know when such treatment is best and when it is bound to do more harm than good.

—J. A. M. A.

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INTESTINAL ANTISEPSIS IN TYPHOID:—Notwithstanding the assertion of some modern critics that intestinal antiseptics is a wild chimera, it has an enthusiastic endorsement and practical contribution from so sane and conservative a therapist as Yeo, of King's College, London. One of the most valuable items in his altogether valuable book on clinical therapeutics is the excellent prescription he gives for a general disinfectant for the bowels and blood in cases of enteric fever and similar intestinal infections. His formula is as follows:

Into a 12 ounce bottle put 30 grains of powdered potassium chlorate, and pour on it 60 minims of strong hydrochloric acid. Chlorine gas is at once liberated. Fit a cork into the mouth of the bottle, and keep it closed until it has become filled with the yellow gas. To hasten this, you must shake the bottle or stand it in hot water. Then pour water into the bottle, little by little, closing and well shaking at each addition, until the bottle is filled. You then have a solution of chlorine, some undecomposed potassium chlorate, hydrochloric acid, and probably one or two by-products.

To 12 ounces of this solution add 24 to 36 grains of quinine, and one ounce of syrup of lemon, and give half an ounce to an ounce every two, three, or four hours, according to the severity of the case. Smaller and more dilute doses must be given to children.

Dr. Yeo believes, that we have here a disinfectant which not only passes in part, unabsorbed, into the small bowel,

furnishing an intestinal antiseptic, but is in part absorbed into the blood, thus acting as a general germicide.

At all events the writer's experience with this mixture coincides with that given by Dr. Yeo, namely, that patients put *early* upon it never have thickly or dirtily coated tongues, are always much brighter and clearer, and the fetor of the evacuation is considerably reduced. Yeo claims the following advantages for it, all of which the writer corroborates:

(1) Modification of temperature, (2) Maintenance of physical strength and intellectual clearness, lessening the need for stimulants, (3) Greater power of assimilating food, (4) Clean tongue, (5) Deodorization of stools, (6) More rapid convalescence.—*Critic and Guide*.

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DEATH UNDER ETHER ANAESTHESIA:—The recent death of a negro woman under ether anaesthesia who had suffered serious injuries at the hands of another negro for which she was undergoing operation at the Virginia Hospital, was the subject of a coroner's enquiry at Richmond, Va. last month. The coroner's "jury found that the girl died while under the influence of ether administered in the performance of a surgical operation which was necessary as a result of stabs and kicks murderously inflicted upon her by Andrew Brown, and they (the jury) are of the opinion that neither the operating surgeon nor the anaesthetist should be blamed for the death." According to the lay press it has been agreed that the hospital should hereafter have the services of a regular anaesthetist, though the surgical staff regard the internes who have habitually administered anaesthetics in the institution as perfectly competent anaesthetists. That the verdict of the coroner's jury was in all probability a correct one, everybody familiar with the careful and competent surgical staff of the Virginia Hospital will readily believe.

However one question will naturally arise in connection with the death under ether, and that is: will it ever be

possible to secure the publication of all the deaths occurring under ether anaesthesia?

Chloroform was a generation or more ago, placed under the ban by H. C. Wood and other medical teachers of the Eastern Colleges of medicine, and to lend added emphasis to their statement it was repeatedly given out that no deaths occurred under ether anaesthesia while deaths from chloroform were relatively frequent, and they taught it "little less than criminal to make use of chloroform anaesthesia."

Manifestly deaths do occur during the administration of ether anaesthesia as well as under chloroform anaesthesia, and it behoves all practitioners of medicine and surgery to never forget that any condition of anaesthesia, no matter what be the anaesthetic administration, is a condition fraught with a measurable degree of danger, and where possible the anaesthetic should be given by an experienced person.—*J. H. W., in Charlotte Med. Journal.*

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**NONSURGICAL TREATMENT OF EXOPHTHALMIC GOITER:—**Israel Bram (*N. Y. S. M. Jour.*, Nov. 27, 1915) relates his experience with 24 cases of exophthalmic goiter which convinces him that exophthalmic goiter diagnosed early is amenable to proper nonsurgical treatment in at least 75 per cent of all cases. The only conditions, in his opinion, justifying surgical operations are dangerous pressure symptoms and evidences of malignant changes in the goiter. He finds that all cases do not respond to the same treatment, though some measures are applicable in all cases. The most important drugs in the treatment of this condition are quinine hydrobromide, suprarenal gland, iron, arsenic, phosphorus, preferably in the form of lecithin, and ichthyol. Rest, hyperalimentation, and electricity are essential adjuvants to a successful outcome. He states that a large majority of his patients are well on the way to recovery after six months' conscientious treatment as he has outlined it.

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## *Original Communications.*

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### CLINIC AT VANDERBILT UNIVERSITY—FIBROMA AND LIPOMA

BY M. C. MCGANNON, M.D., F.A.C.S.,

*Professor of Surgery, Vanderbilt University; Chief Surgeon Woman's Hospital of Tennessee, etc., etc.*

*Gentlemen:* FIBROID TUMOR OF THE UTERUS

This patient, to which I have the pleasure of inviting your attention, is one that presents some very interesting clinical features. This patient comes to the hospital complaining of shortness of breath, inability to lie down, swelling of the feet and legs and a great enlargement of the abdomen. She states that with the exception of the gradual increase in the size of the abdomen that she has uniformly enjoyed good health. She is the mother of four children, the youngest being ten years of age. She is now forty-eight years of age. Her menstrual periods have been absent for a year or more. The enlargement of the abdomen was the first symptom in her present illness. This was noticed about six years ago as a mass, more or less firm,



in the lower part of the abdomen. It has gradually increased in size since that time, until now it fills the whole of the abdomen. The swelling of her feet and legs was first noticed about a year ago. This condition has continued ever since that time. She has experienced some relief from it only when in the recumbent posture. She states that the swelling of the abdomen has been much greater during the last year than preceding that time. The shortness of breath has been most marked during the last three or four months.

An examination of this patient demonstrates that the urinary functions are normal and the blood picture that of health. A chest examination shows that the lungs are free throughout, the vesicular murmur being heard well down to the base, showing the absence of fluid from the pleural cavity. The heart, however, has its apex beat displaced to the left one inch and there is a marked murmur with first sound having its maximum intensity over the base. An examination of the abdomen by inspection shows that it is dome shaped and irregular in outline. Palpation reveals to the examining hand that the cavity is filled by an irregular lump or hard mass, that is insensitive to pressure. The percussion note all over this mass is dull and this dull note is carried down into the flanks when the patient is upon the back. If she is turned upon her side, however, we find that the uppermost flank under percussion has a tympanitic note along the line of the colon while the under flank is dull throughout. This demonstrates that there is free fluid in the peritoneal cavity, in other words, a dropsy. The vaginal examination reveals to the examining finger a hard, non-sensitive, round, immovable tumor, completely filling the pelvic cavity. The feet and the legs are swollen and the skin somewhat glistening. Pressure causes a deep depression which readily demonstrates the existence of severe oedema.

This examination conclusively proves that this patient has a rather severe heart lesion and is also suffer-

ing from a very large multi-nodular fibroid of the uterus, which fills the abdomen completely from the pubic bone to the ensiform cartilage. These symptoms are the result either of the heart trouble or are due to the pressure brought about by this growth, producing the dropsy of the belly and the oedema of the lower extremities.

It is of great importance to this patient that we should determine which of these two factors are causing this oedematous state or if both are playing a part in its production; since it will depend upon our decision whether she can be safely operated upon for the removal of this tumor or not. As a matter of fact, her life depends upon the correctness of our diagnosis. That she has a severe heart lesion is easily demonstrated; but there seems to be a fairly well established compensation existing since the lungs are clear and there is no fluid in the pleural cavity. We furthermore know that the tumor that exists in this woman's abdomen could easily produce the oedema that is now seen in her legs, and that it might also cause the free peritoneal fluid, the existence of which you have seen demonstrated in her case. I am of the opinion that the tumor is wholly responsible for these two conditions. I am also of the opinion that this heart lesion from which she is suffering will not prevent us from safely administering to her an anæsthetic.

Clinical experiences have proven that a valvular heart lesion, in which compensation is good, is not a barrier to the administration of ether. If, however, there is a definite diseased condition of the heart muscle, a myocarditis, with failure of compensation, the administration of an anæsthetic becomes very unsafe. These are the cases in which chloroform is absolutely contra-indicated. While this patient is being gotten ready for operation, I desire to refresh your memories on the subject of uterine fibroids in general.

These tumors are connective tissue in type and, although denominated fibroid tumors, they are not true fibroids. They are made up largely of unstripped muscle tissue arranged in concentric masses. They may grow from any

part of the uterus or its ligaments. They are much less often found in the cervical portion, or in the round or utero-sacral ligaments than in the body or fundus of the organ. As a matter of fact, all of them probably have their origin in the muscle tissue, and as they grow they follow the lines of least resistance, pushing out toward the peritoneal surface of the organ or toward the mucous lining of its cavity. Some, however, lie wholly within the wall, dividing, as it were, the muscle tissue, pushing large portions of this tissue in all directions. This tendency of the growth to follow the lines of least resistance has enabled us to divide fibroid tumors into various clinical types, the division being of value since the different types present different clinical pictures and will call for different lines of treatment. All of these types have one feature in common; that is, they are surrounded by a distinct capsule or covering that is separate from the growth itself and from this capsule the growth, as a rule, can be easily separated. The chief clinical types of fibroids are:

(1) *Intramural*: These tumors are found within the wall of the uterus and are surrounded on all sides by the muscle tissue of which the wall is composed.

(2) *Subserous Fibroids*: This type is found lying underneath the peritoneal covering of the uterus. They may have a broad attachment or they may be attached to the uterus by a pedicle only, when they are spoken of as pedunculated fibroids.

(3) *Submucous Fibroids*: In this clinical variety the growth is pushed out into the cavity of the organ and is covered by the mucous membrane lining the cavity. It may have a broad attachment to the uterine wall or its attachment may be simply that of a pedicle. In the latter case the tumor takes the shape of a pear, hence it gets the name of polypoid growth or uterine polyp. This shape is a result of pressure of the muscle tissue of which the organ is composed.

The subserous tumors, whether having a broad base or

pedunculated when growing from the upper pole of the uterus, as a rule, present no untoward symptoms until they have by either size or position interfered with the functions of other organs inside of the abdomen, or by their pressure interfered with the blood supply of the lower extremities, or by irritation of the peritoneal surface or by pressure upon the venous return, caused dropsy.

The intramural and Submucous fibroids are very prone to interfere with the blood supply of the mucous membrane lining the uterine cavity, producing not only leucorrhœa, but an increased flow of blood at the menstrual epoch and perhaps also a metrorrhagia; that is, a flow between the periods.

The question naturally arises: What treatment should be adopted when a tumor of this kind has been diagnosed?

It has been thoroughly demonstrated by long clinical experience that medicines have no curative effect upon growths of this type. For years it was thought that Galvanism might offer some absorbing influence when applied to tumor masses of this kind, but that hope has vanished. In more recent years the X-ray was brought forward with the expectation that it might influence beneficially these neoplasms, but it too has failed. Now we are having reports more or less hopeful from the use of radium in the treatment of these connective tissue tumors. As yet the amount of evidence collected is not sufficient to determine whether the radial emanations may be relied upon for the treatment of these cases. The removal of the tumor by surgical operations is at the present time, so far as we know, the ideal procedure.

Myomectomy, that is, the removal of the growth itself, leaving the uterus intact, is the procedure of election, but, unfortunately, most of these cases when they come under observation have so far advanced, or are so complicated by the number of tumors that are growing from the different parts of the uterus, that any attempt to remove the neoplasms and leave the uterus behind is out of the question.

Shall we operate upon all fibroid tumors of the uterus as soon as they are discovered? Unquestionably "no!" In many instances these tumors are discovered at the time when the woman has about reached the menopause and when the tumor itself is producing no symptoms. In these cases the tumor should not be removed, because it is not likely to produce any injury; and furthermore, we may hope that with the onset of the menopause that the growth will cease if not disappear. Formerly it was believed that these tumors would not only cease to grow, but actually disappear when the period of menopause was established and patients were counseled to continue with the growth untreated. Owing to the distressing consequences following such advice, coupled with the safety of the modern operation for the removal of these tumors, such practice is now wholly without the pale of the best modern teaching.

Then, on what cases shall we operate?

There are certain rules that may be safely laid down for our guidance in connection with operation for the removal of fibroid tumors of the uterus.

(1) We should operate upon all cases where the tumor has reached the size of the pregnant uterus at six months.

(2) We should operate upon all tumors, no matter what their size may be, when they are accompanied by symptoms of hemorrhage so severe as to tax the patient's vitality and strength.

(3) We should operate upon all tumors, no matter what their size may be, when they are interfering with functions of other organs.

(4) We should operate upon all tumors producing free fluid in the abdominal cavity.

(5) We should operate in every instance where the tumor is undergoing degenerative changes.

(6) We should operate upon every case of sub-mucous fibroid whether it is of the polypoid or sessile type.

(7) We should operate upon every case accompanied by pain.

(8) We should operate in every instance where the growth is for any reason interfering with the usefulness of the individual to the community.

In the case before us we have many of these rules to guide us in the line of procedure to be advised and adopted. In the first place, this tumor is much larger than the pregnant uterus at six months; and then it is accompanied by not only fluid in the abdominal cavity, but also dropsy of the extremities. Combined with this the patient's digestion is impaired and her lung expansion interfered with so that she is unable to lie down with comfort. Unless she is operated upon and the tumor removed, we cannot expect her to live more than a few months. These facts are sufficient to warrant us in advising an operation even though she has a severe heart lesion and a greatly embarrassed respiration.

In these cases accompanied by dropsy, it is advisable to open the abdomen and allow the free fluid to escape even before the patient has been put completely under the anæsthetic. By adopting this procedure the anæsthetic will be better borne.

The patient is now partly under the anæsthetic and has been thoroughly prepared for an abdominal section, so that without waiting for complete anæsthesia, I shall make an opening in the abdomen as you see me do, and allow the free fluid to escape. A large amount is found to be present and as it flows away the anæsthesia is gradually deepened, until the patient is competely anæsthetized and, as you see, she is enabled to assume the recumbent posture without trouble.

A wide incision, one large enough to permit the tumor being rolled out, is necessary; so we will now enlarge this incision from the pubic bone to four inches above the umbilicus. With some difficulty we are enabled to force the tumor through this opening. As you see, the omentum is widely adherent to it. It strips off readily and without requiring the ligation of a great many vessels. It is necessary, however, to ligate

all of these bleeding points in the omentum which result from the separation of it from the tumor. We now succeed in rolling the mass out, although, in dragging out the portion that fills the pelvis a great deal of force is required. Now the broad ligament comes into view and you see that the veins are extremely dilated, some as large as the little finger. We will not take the time to ligate these vessels as we go, but double clamp them and at once divide the broad ligament between these clamps. We will save time by this procedure and the vessels may be secured after the large fibroid mass has been cut away. We find that it is possible to do a supravaginal removal of this growth; that is, we may leave the cervix of the uterus behind, therefore, we now cut through the junction of the cervix with the body and are enabled to thus get rid of this enormous fibroid tumor. The tumor having been gotten out of the way, we are enabled to see exactly the vessels that require ligation, and four or five ligatures suffice to control the bleeding. With catgut sutures we will now unite the broad ligament to the stump of the cervix. This gives support to the vagina and we are enabled to cover the whole of the traumatized tissue with a layer of peritoneum.

This being completed, it only remains to close the abdomen in the usual manner. Before doing this, however, we will put in one quart of normal salt solution. The abdomen now being closed it will be necessary to apply simply a sterile dressing over the line of the wound and surround the patient with a fairly firm bandage, which will to some extent take the place of the pressure that was formerly exercised inside the abdomen by the large tumor.

The patient is in good condition, has borne the anæsthetic well; in fact, as well as if she had not had the heart lesion, and so we will return her to bed with every hope of a speedy and prompt recovery.

NOTE:—This patient's recovery was uneventful and she left the hospital at the end of eighteen days.

## LIPOMA.

*Gentlemen:* The first patient I have to show you to-day is a man sent to us through the kindness of Dr. Porter of Springfield. This man is a negro, 55 years of age, who states that he has always enjoyed good health and that now he is suffering no distress excepting for the fact that he has a large tumor growing on his right hip and also one on his back between the shoulders. The tumor on the hip came first and it has been there for at least ten years, growing steadily until now it is as large as his head and interferes very much with his occupation. The mass that is between the shoulders is giving him no inconvenience excepting for the deformity it produces.

Upon examination we find that this man's general appearance is that of a big, stout, healthy farmer. His heart and lungs are normal. The urinary examinations show the functions of the kidneys to be natural and normal, and the examination of his blood gives a picture such as we would expect to find in a healthy man. An examination of these tumor masses shows them to lie close underneath the skin, to be more or less rounded on a broad flat base. In other words, they have no pedunculated attachments. They are semi-elastic and doughy to the feel. The skin, when picked up over the tumors, becomes dimpled, demonstrating that there is a trabecular connection between the tumors and the skin. This history and the physical findings lead us to a diagnosis of a fatty tumor or lipoma in each instance. Now a lipomatous or fatty tumor may be found in any portion of the body where fat exists. In some parts, however, they are much more prone to be found than in others. When they occur, as they very often do, underneath the skin, there is very little difficulty in diagnosis. A tumor of slow growth, painless and elastic, and having a trabecular connection with the skin so that it dimples when manipulated, can hardly be anything else but that form of connective tumor known as lipoma or fatty tumor.

When this growth occurs in the deeper structures, for



instance, in the sole of the foot or the palm of the hand, or in the subperitoneal fat, it offers very great difficulty in diagnosis and many mistakes are made in connection with them. These tumors, themselves, do not threaten the life of the individual. They have very little or no tendency to undergo degenerative changes. They give discomfort largely because of their size or because of their interference with the structures in their immediate neighborhood. When the diagnosis has been made there is only one line of treatment, and that is the removal of the tumor. Neither medicines nor radial emanations have any effect in altering or changing the course of these growths. When lying underneath the skin they are encapsulated and their removal is one of the simplest of all surgical operations. Usually this can be done with the use of local anæsthesia. Infiltration of the overlying tissues with cocain or novacain will be quite sufficient to permit their removal without causing the patient undue distress.

We will now make a free incision over the tumor on the hip. This lets us down at once to the large fatty mass which you see is encapsulated and lobulated. With dull scissors it is readily stripped from its capsule and rolled out of its bed. In this instance there is very little bleeding and only three or four vessels that require ligation. The tumor having been removed, we will now close the skin together, approximating the edges with catgut sutures. Owing to the very large cavity that is left, we will introduce a small drainage tube for the purpose of relieving this cavity of any collection of serum or blood that might accumulate if it were not properly drained. In applying the dressing we will exercise enough pressure to approximate the skin with the underlying structures. In a week's time the healing process should be complete.

The tumor between the shoulders we will now deal with in the same fashion as we did the one on the hip. This is not so large as the one we have just removed and with an incision over it we find that it is of the same character

exactly as the one we have just seen; that is, a tumor lying in a capsule and easily stripped from its bed. Here we find two or three spurting vessels, the bleeding of which is easily controlled by torsion. We will not have to apply a ligature, twisting, as you see, is quite sufficient to stop the hemorrhage. We will now close the skin with catgut as we did in the former instance. Inasmuch as the cavity from which this tumor has been removed is not as large as the other one, it will not be necessary to resort to drainage. A firm dressing will be also applied over the site of this operation for the purpose of bringing together the underlying tissues and the skin which was over the top of the tumor. This will obliterate the cavity from which the tumor was removed.

NOTE:—The larger of these tumors weighed twelve pounds. The patient's recovery was uneventful and he went home at the end of the week.

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### THE DIAGNOSIS OF ARTERIOSCLEROSIS.

WILLIAM H. DEADERICK, M. D.,

*Visiting Physician to the Leo N. Levi Memorial Hospital,  
Hot Springs, Arkansas.*

Arteriosclerosis must not be regarded as a disease *per se*. This, however, does not render its diagnosis any the less important. For example, in cardio-vascular-renal disease it is just as essential and often as difficult to determine the presence of arterial changes as to find evidence of heart and kidney lesions. This trinity will not be considered in this paper, nor will aneurism and angina pectoris, though closely associated with arteriosclerosis.

The symptoms of atheroma depend largely upon the extent and location of the process. Often the disease is distributed uniformly throughout the body, but there are many exceptions, and the fibrosis may be limited mostly to the vessels of the heart, kidneys, brain, abdominal cavity, etc.

The arteiosclerotic patient may be emaciated and anemic,

fleshy and corpulent, or in any intermediate stage of nutrition. He is generally weak. Loss of flesh and strength despite good appetite should create a suspicion of arteriosclerosis. Arcus senilis and premature gray hair cannot now be regarded as strong evidences of arterial degeneration.

The absence of thickening in the radial or indeed in any of the palpable arteries is not proof against arteriosclerosis, nevertheless careful examination of these is imperative. The radial, ulnar, temporal, brachial, femoral and dorsal of the foot should be carefully investigated. The more superficial of these may become visible and tortuous. Three degrees of atheroma may be distinguished:

1. Artery palpable, moderately thickened.
2. Artery firm, hard, relatively incompressible.
3. Artery calcified.

The artery should be palpated full, below a point of compression and between two points of compression after emptying.

An arteriosclerotic artery sometimes emits a systolic murmur, but much importance should not be attached to this, as even light pressure with the stethoscope may develop such a murmur in a healthy vessel.

Increase of blood pressure is an early symptom of arteriosclerosis, and may even precede thickening of the vessel wall. A common mistake which should be avoided, however, is to consider high pressure pathognomonic of arteriosclerosis. It is easy to lay the blame on the arteries and sometimes difficult to locate the true cause. The blood pressure may be low with heart dilatation or intercurrent affections. The stasis reaction has been used for diagnostic purposes. The blood current is obstructed in the legs and one arm and the blood pressure taken in the other arm. In healthy vessels the pressure should rise about 5 mm., while in atheromatous arteries the pressure may be greatly increased. This should be regarded as a dangerous test in high pressure cases with advanced fibrosis.

The sphygmographic tracing is characteristic. The up-stroke is of moderate height and sloping ascent and the decline is delayed and the tidal and dirotic waves indistinct.

Among the most important symptoms are those on the part of the nervous system. Headache is a common complaint. It is usually in direct proportion to the height of the blood pressure. Vertigo may be absent, transient or persistent, and is seen in cases with either high or low blood pressure. When tinnitus is associated with the vertigo as sometimes happens, the condition may be confused with Meniere's disease. Syncope may occur aside from its incidence in the Stokes-Adams syndrome. Local paralyses may happen as a result of either rupture, thrombus or embolism, but transient manifestations may depend on vascular spasm and disappear in a few hours. Temporary aphasia also is observed. The Stokes-Adams syndrome is manifested by slow pulse, syncope and convulsions.

Various psychic disorders depend upon arteriosclerosis, particularly apathy, slow slurred speech and delusions.

Fulminant muscular cramps, particularly in the calves of the legs are very distressing. In the so-called intermittent claudication, which is usually unilateral, walking brings on fatigue of the leg, passing into pain and finally excruciating cramp of the entire leg. This phenomenon is due to angiospasm and the dorsal artery of the foot is temporarily partially or completely obliterated. The reflexes remain normal. On resting the pain diminishes and then disappears.

Another vascular crisis that may tax the diagnostic acumen is that of the splanchnic vessels. This is characterized by recurrent attacks of pain in the abdomen, with or without vomiting and followed by meteorism and tenderness. Dypnoea may be felt during the attack. This abdominal apoplexy, as it has been designated, must be differentiated from peritonitis, appendicitis, intestinal obstruction, renal and hepatic colic, the gastric crises of tabes, etc.

Arteriosclerosis of the pulmonary artery is often followed by enlargement of the right side of the heart, cyanosis and hemorrhage. Dyspnoea and edema are not common.

Ophthalmoscopic examination of the eye grounds may show characteristic changes. The retinal vessels appear constricted and tortuous and retinal hemorrhages and small glistening dots may appear.

The X-ray is occasionally of service in the diagnosis of arteriosclerosis, but as in other conditions the results of such an examination must be judged largely by the ability to interpret findings on the plate.

In conclusion the cardinal symptoms of arteriosclerosis are:

1. Thickening of palpable vessels.
2. Increase in blood pressure.
3. Hypertrophy of the left ventricle.
4. Albuminuria.

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#### RACE BETTERMENT.\*

BY CASPER L. REDFIELD, OF CHICAGO, ILL.

It has been said frequently that each man is the product of his environment. In a measure that is true, but no environment will make a Shakespeare out of an ordinary man. A great man is born, which means that he is the product of a particular kind of breeding. Similarly, the feeble-minded man is born, which also means that he is the product of a particular kind of breeding. The kinds of breeding which produce our great men and our feeble-minded men are as widely separated as are the men themselves. I cannot, in the time at my disposal, go into all of the intricacies by which different kinds of men are produced by breeding, but I can give some of the main essentials, and from these you can obtain a fairly clear under-

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\* Extracts from an Address delivered in Chicago, December 10, 1915, before the Eugenics Educational Society.

standing of what it is that leads toward improvement, and what it is that leads toward degeneracy.

They tell us that man and the other higher animals have evolved from lower forms of animals by selection, but those who make the statement overlook a very obvious absurdity in their claim. To have selection, parents must have offspring, and to have more selection the offspring must produce another generation, and these in turn another. Each generation gives opportunity for selection, and the more generations the more selection. Anything which would reduce the number of generations in a given period of time would reduce the opportunities for selection to accomplish anything.

At some time in the past there was a common ancestor for man and the higher apes. There have been less generations, and consequently less selection, in the line leading from that common ancestor to man than in the lines leading to the apes. Further back in the past there was a common ancestor for the higher apes and the lower monkeys. There have been less generations, and consequently less selection in the lines leading to the higher apes than in the lines leading to the lower monkeys. Extend that examination to the different species of active animals and you will find that each advance from a lower to a higher stage involved the elimination of selection, and that the actual advance has been inversely proportional to the amount of selection. Carried to its logical conclusion this means that the greatest possible advance will occur when selection is reduced to zero.

They tell us that acquired characters are not inherited, but I am telling you that the persons that make that statement never investigated the matter and know nothing whatever about it. They simply repeat what they have been taught, and they cling to the dogma because it agrees with their preconceived ideas. The theory that acquired characters are not inherited originated in a misconception of what

an acquired character is, and in an experiment which is absurd on its face.

To acquire means to obtain by effort, by exertion, by the performance of work. An acquired character is one obtained by exercising an organ, or by the work performed by the organ. It consists of a physiological change occurring within the organ which is dynamic in character and is called dynamic development. The amount of an acquirement is proportional to the amount of work performed. A mentally active man has a better developed brain at the age of fifty than he had at the age of twenty, and the difference is due to the extra amount of mental work performed.

If an acquirement is to be inherited, the parent must make the acquirement first and get the offspring afterwards, not get the offspring first and make the acquirement afterwards. Of those who deny the inheritance of acquired characters, what one ever took this into consideration and compared the progeny of parents of different ages on the basis of acquirement? Not one. They have failed to take even the first step in such an investigation, whereas they should carry such a one through three or four generations of ancestors.

Among certain eugenicists there is a theory that it is impossible to produce an individual which is superior to anything which previously existed. That is, if some very superior individual exists it is because there was, somewhere in his ancestry, a similar superior individual. This theory amounts to a denial of evolution and a return to the Garden of Eden story with Adam and Eve originally created equal to any individual who has since existed.

It is not clear how widely extended this theory is, but it seems to be back of the proposition to sterilize a large part of the population. That proposition is a public confession, by those who make it, that they know absolutely nothing about what causes improvement and what causes degeneracy. In their despair at seeing no way to improve

the race other than that of killing off the inferior, they propose the killing process by indirection.

It seems never to have occurred to these gentlemen to write out the pedigree of some remarkable individual for three or four generations and then examine that pedigree for the purpose of learning if there was anything remarkable about the way he was produced. Wedded to a preconceived theory which they are anxious to support, they make statements without stopping to consider what those statements mean when carried to their logical conclusion.

Let us consider the horse. A century ago there was no horse in the world capable of trotting a mile in three minutes. Now we have horses which have trotted a mile in two minutes. This is an absolute and very great advance in power made in the past one hundred years. It has been said repeatedly that this improvement came about through selection, but the statement is not true and it is made in complete ignorance of the facts. Selection has been used abundantly among horses, but that selection is not connected with the improvement which has taken place.

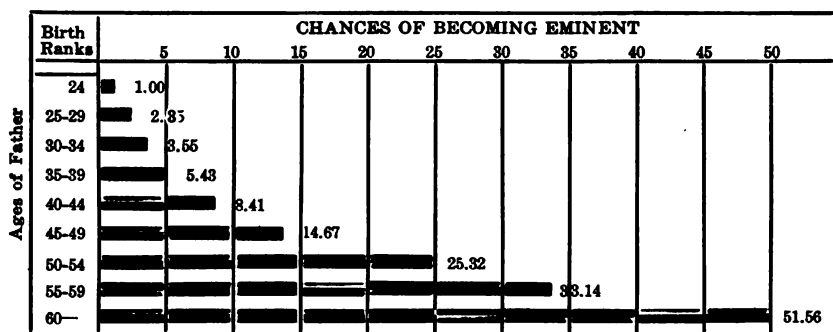
High speed at the trot is not a natural gait for horses. It is an artificial gait which never existed in any breed of horses until forced there by the art of man. Less than a century ago the only high speed gait for horses was the run, and when trotters were forced for speed they would break into a run. Now we have "born trotters" which will stick to the trot no matter how hard they are forced, and trotting speed approaches running speed. Here is a new character in the trotter of to-day.

To have selection a mare must have several foals. If she produces but one foal in her entire life, there can be no selection in her line. It is take that foal or none. Write the pedigree of any 2:10 trotter, it matters not what one, and extend that pedigree to the time when there was no such thing in the world as a 2:30 trotter. In that pedigree there will be from five to twenty mares, no one of which ever had more than one foal in her life. The other mares,



and the sires in the pedigrees, will be found, on investigation, to have produced less than the normal number of foals. Also, the lines of improvement to our high speed trotters average only seven generations to the century, while the normal number is ten generations. Actual improvement came in those lines in which opportunity for selection was reduced to its lowest limit.

The same thing is true in intellectual power in man. Take any list of intellectually eminent men and you will find that they were sons of men much older than the average age of fathers when sons are born. A few will be found to be sons of comparatively young fathers, but push the investigation in those cases a little further and you will find that while it is possible to get an eminent man from a young father it is impossible to get one from a succession of young parents. A succession of young parents always results in the production of mental inferiority, and, if the parents are unusually young, in such a succession the product is weak mentality.



Relative chances of becoming eminent, as measured by age of father at birth of son.  
From "Great Men," by Redfield

To maintain any group of animals on a level in its power capabilities there must be a certain amount of acquirement per generation before reproduction. If the amount of acquirement is decreased, there is a decline in power capabilities toward a lower corresponding level. If the acquire-

ment is increased there is a rise toward a higher corresponding level. The age of parents at time of reproducing is one factor in measuring the amount of acquirement, and an investigation which did not consider this factor in at least three generations of ancestors would be superficial.

826 *Monadnock Block.*

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## Reviews and Book Notices

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**PAINLESS CHILDBIRTHS—EUTOCIA AND NITROUS-OXID-OXYGEN ANALGESIA**, by Carl Henry Davis, A. B., M. D., Associate in Obstetrics and Gynecology, Rush Medical College; Assistant Attending Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago, etc. 12 mo. pp. 134. Forbes & Co., 443 S. Dearborn St., Chicago, publishers, 1916. Price, \$1.00.

This little book by an *obstetrician* thoroughly discusses the various methods of securing painless childbirth; the chemistry, pharmacology and toxicology of the different analgesics are compared and their advantages and disadvantages are considered with the utmost fairness. Recognizing that *twilight sleep* should only be used in a thoroughly equipped hospital, Dr. Davis believes that nitrous oxid-oxygen analgesia is a logical method of relieving the pains of childbirth, and a great aid in securing eutocia that can be used by any practitioner trained in the science of obstetrics.

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**"SPEAKING OF OPERATIONS,"** by Irvin S. Cobb, author of "*Back Home*," "*Europe Revised*," etc. 12 mo., pp. 64, illustrated. Price, 50 cents. Geo. H. Doran & Co., 38 W. Thirty-second St., New York, publishers, 1915.

Cobb stands at the very head of the long list of humorists now writing in America, usually produces annually more than six hundred million laughs, and this is the funniest book he has yet written. It contains many unique points and will relieve the taxed brain cells of any overtaxed and tired medi-

can man. For brief relaxation this little brochure is most admirable and commendable. Get it, doctor, and rest assured that you once open it, you will not lay it down until you have finished; and then you will want your friends to go and do likewise—for

“A little nonsense now and then,  
Is relished by the best of men.”

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### *Editorial.*

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#### A NEW STATE CONSTITUTION.

The effort to secure a revision of, amendments to, or make a new constitution for the State of Tennessee, was given definite form by the largely attended representative convention held in the capital city on January 25th ult. This is a most important movement in regard to the fundamental welfare of the State and its citizens, and we sincerely hope it will result in successful consummation in the near future.

Over a third of a century has elapsed since the adoption of the constitution now extant, during which time many changed conditions and circumstances have arisen, requiring essential changes in our organic law, which is in a number of instances entirely out of accord with what the proprieties of the times demand and the necessities of the changed conditions require.

Of paramount importance is the character of those to whom any measures of such vital interest to every citizen of the State should be entrusted, and the political schemer, the grafter, the rabid partisan, *et id some genus*, should be rigidly excluded and eliminated; and *only* thoroughly representative, absolutely honest, experienced, cautious, judicious and unbiased delegates or members be chosen by the electorate of the grand old Volunteer State.

While we have always held and believed that medical men should not dabble too much or delve too deeply in the political field, yet each and every one of them has a duty as a citizen that should be as faithfully discharged as any of those in caring for the health, comfort and lives of their fellowmen; therefore, while the membership of the constitutional convention should include all lines of citizenship, we sincerely hope that the farmers, merchants, manufacturers, lawyers, men of “big business” as well as those of little business, etc., will be leavened and enlightened, aided and assisted by a reasonable number

of the ablest and most experienced and carefully selected practitioners of medicine; and especially do we urge and enjoin every member of the profession to do his full duty at the polls.

As quite a number of changes in our organic law have already been suggested, emanating from various sources, there are a few that we desire to briefly call attention to at this time, which we believe are worthy of careful consideration, pertaining especially to the science and art of medicine—subsequently we may have more to say on these and other subjects germane to medicine and of importance to doctors and their clientele.

1. After many years of earnest effort we have at last a "Vital Statistics Law," which has been unnecessarily delayed for years by constitutional restrictions and negligent legislation, and is not yet as firmly established or as efficient as it should be. Time and space will preclude argument as to its absolutely essential importance at this time, and we beg leave to suggest measures for its permanence by a recognition in our organic law and a more thorough consideration of effectiveness; retaining it, however, within the realms of our State Board of Health, where it properly belongs.

2. Coroners should be selected from the regularly licensed doctors of medicine. This has been objected to on the grounds that it would be "class legislation;" yet, it is no more so than the requirement that our attorneys general and our judiciary shall be "men learned in the law;" the duties of the latter being no more forensic than the former are medical. The duties of a coroner are, with one exception, pertaining solely to medical science and art, that exception being holding the election for a sheriff, which could be as satisfactorily discharged by a licensed doctor as it has ever been. In the smaller or less populous counties, or in any county, the office of coroner might be combined with that of County Health Officer. At any rate, our coroners would be men of reasonable education. One of the most efficient and satisfactory coroners of whom we have any knowledge was the late Thos. J. Wakeley, M. D., editor of the *London Lancet*, who for many years preceding his death was coroner of the great city of London.

3. At the meeting of the Tennessee State Medical Association, in April, 1914, Dr. S. T. Rucker of Memphis, in a brief but excellent paper made "*Some Suggestions for a Change in the State Law Concerning Expert Testimony*," which we most heartily endorse and commend, and which he discussed under three heads as follows:

"(I) As applied to medical expert testimony (so-called) given in courts.

"(II) As applied to expert testimony in passing on the sanity of patients with the view of committing to an asylum.

"(III) Proposing a State Medical Commission."

As to the first two divisions of his subject, so logically yet briefly argued, anyone who has had any experience whatever, along the lines considered, is well aware of their importance; and we quote the third in full from his paper:

"(III) The third division of my subject brings me to a proposal of a State Commission of medical men of not less than three nor more than five, whose duties, in detail, could be decided on by a committee appointed to draft a bill for passage by the Legislature.

"A brief of some ideas that occur to me concerning the duties of such a commission is, that it should have general supervision over all State institutions where medical charity is given; to occasionally inspect the different institutions, note any defects in equipment or management, offer suggestions and advice as to improvements, and, from time to time, advise the Governor and State Legislature concerning any changes or improvements that would add to a more efficient service; and to render advisory service to County and City Medical Boards or Commissions. Compensation to be made by the State, as for any other State officer.

"The intent of this commission would not be to usurp any authority or duty now invested in the State Board of Health, but instead to work in harmony with this board for a broader and more efficient public service."

A sub-commission for each county could be provided for, whose duties should be to the county and city hospitals and institutions where medical charity is given, etc., is also suggested.

Dr. Rucker's paper was published in *Journal of the Tennessee State Medical Association*, August, 1914, also in a reprint thereof.

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### PRINCIPAL CAUSES OF DEATH

According to a preliminary announcement with reference to mortality in 1914, issued by Director Sam. L. Rogers, of the Bureau of the Census, Department of Commerce, and compiled by Mr. Richard C. Lappin, chief statistician for vital statistics, more than 30 per cent of the 898,059 deaths reported for that year in the "registration area," which contained about two-thirds of the population of the entire United States, were due to three causes—heart diseases, tuberculosis, and pneumonia—and more than 60 per cent to eleven causes—the three just named, together with Bright's disease and nephritis, cancer, diarrhea and enteritis, apoplexy, arterial diseases, diphtheria, diabetes, and typhoid fever.

The deaths from heart diseases (organic diseases of the heart and endocarditis) in the registration area in 1914 numbered 99,534, or 150.8 per 100,000 population. The death or mortality rate from this

cause shows a marked increase as compared with 1900, when it was only 123.1 per 100,000.

Tuberculosis in its various forms claimed 96,903 victims in 1914, of which number 84,366 died from tuberculosis of the lungs (including acute miliary tuberculosis). As a result of a more general understanding of the laws of health, the importance of fresh air, etc., due in part, no doubt, to the efforts of the various societies for the prevention of tuberculosis, there has been a most marked and gratifying decrease during recent years in the mortality from this scourge of civilization. In only a decade—from 1904 to 1914—the death rate from tuberculosis in all its forms fell from 200.7 to 146.8 per 100,000, the decline being continuous from year to year. This is a drop of more than 25 per cent. Prior to 1904 the rate had fluctuated, starting at 201.9 in 1900. Even yet, however, tuberculosis has the gruesome distinction of causing more deaths annually than any other form of bodily illness except heart diseases, and over 40 per cent more than all external causes—accidents, homicides, and suicides combined.

Pneumonia (including bronchopneumonia) was responsible for 83,804 deaths in the registration area in 1914, or 127 per 100,000—the lowest rate on record. The mortality rate from this disease, like that from tuberculosis, has shown a marked decline since 1900, when it was 180.5 per 100,000. Its fluctuations from year to year, however, have been pronounced, whereas the decline in the rate for tuberculosis has been nearly continuous.

The only remaining death rate higher than 100 per 100,000 in 1914 was that for Bright's disease and acute nephritis, 102.4. The total number of deaths due to these maladies in 1914 was 67,545, more than nine-tenths of which were caused by Bright's disease and the remainder by acute nephritis. The mortality from these two causes increased from 89 per 100,000 in 1900 to 103.4 in 1905, since which year it has fluctuated somewhat.

Next in order of deadliness come cancer and other malignant tumors, which filled 52,420 graves in 1914. Of these deaths, 19,889, or almost 38 per cent, resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 79.4 in 1914. The increase has been almost continuous, there having been but two years—1906 and 1911—which showed a decline as compared with the years immediately preceding. It is possible that at least a part of this indicated increase is due to more accurate diagnoses and and greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 52,407 deaths in 1914, or 79.4 per 100,000. This rate shows a marked falling off as compared with the

rate for the preceding year, 90.2, and a very pronounced decline as compared with that for 1900, which was 133.2. Nearly five-sixths of the total number of deaths charged to these causes in 1914 were of infants under two years of age.

Apoplexy was the cause of 51,277 deaths, or 77.7 per 100,000. The rate from this malady has increased gradually, with occasional slight declines, since 1900, when it stood at 67.5.

Arterial diseases of various kinds—atheroma, aneurism, etc—caused 15,044 deaths, or 28.8 per 100,000, in the registration area.

No epidemic disease produced a death rate as high as 18 per 100,000 in 1914. The fatal cases of diphtheria and croup—which are classed together in the statistics, but practically all of which are of diphtheria—numbered 11,786, or 17.9 per 100,000, in that year, the rate having fallen from 43.3 in 1900. This decline of nearly 59 per cent is relatively greater than that shown by any other important cause of death. The rate has not fallen continuously, but has fluctuated somewhat from year to year.

Diabetes was the cause of 10,666 deaths, or 16.2 per 100,000. The rate from this disease has risen almost continuously from year to year since 1900, when it was 9.7 per 100,000.

The mortality rate from typhoid fever has shown a most gratifying decline since 1900, having decreased from 35.9 per 100,000 in that year to 15.4 in 1914, or by 57 per cent. This decline has been almost as great, relatively, as that for diphtheria, and has been greater than that for any other principal cause of death. The total number of deaths due to typhoid fever in 1914 was 10,185. The marked decrease in the mortality from this disease gives emphatic testimony to the effectiveness of present-day methods, not only of cure, but of prevention. The efficacy of improved water-supply and sewerage systems, of the campaign against the fly, and of other sanitary precautions is strikingly shown by the reduction of the typhoid mortality rate to the extent of more than five-ninths in fourteen years.

The principal epidemic maladies of childhood—whooping cough, measles, and scarlet fever—were together responsible for no fewer than 15,617 deaths of both adults and children, or 23.7 per 100,000, in the registration area in 1914, the rates for the three diseases separately being 10.3, 6.8, and 6.6, respectively. In 1913 measles caused a greater mortality than either of the other diseases, but in 1914 whooping cough had first place. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than the much more dreaded scarlet fever. The mortality rates for all three of these diseases fluctuate greatly from year to year. The rates for measles and scarlet fever in 1914 were the lowest in fifteen years, while that for whooping cough was

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considerably above the lowest recorded rate for this disease, 6.5 in 1904, although far below the highest, 15.8 in 1903.

Deaths due to railway accidents and injuries totaled 7,062, or 10.7 per 100,000. This number includes fatalities resulting from collisions between railway trains and vehicles at grade crossings. The death rate from railway accidents and injuries is the lowest on record and shows a most marked and gratifying decline as compared with the rate for 1913, which was 13 per 100,000, and a still more pronounced drop from the average for the five-year period 1906-1910, which was 15 per 100,000.

Deaths resulting from street car accidents and injuries numbered 1,673, or 2.5 per 100,000. This rate, like that for railway fatalities, is the lowest on record and shows a material falling off as compared with 1913, when it was 3.2, and as compared with the average for the five-year period of 1906-1910, which was 3.7.

The number of suicides reported in 1914 was 10,933, or 16.6 per 100,000 population. Of this number, 3,286 accomplished self-destruction by the use of firearms, 3,000 by poison, 1,552 by hanging or strangulation, 1,419 by asphyxia, 658 by the use of knives or other cutting or piercing instruments, 619 by drowning, 225 by jumping from high places, 89 by crushing, and 85 by other methods.

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#### TYPHOID FEVER REDUCED IN RURAL COMMUNITIES.

Reduction in typhoid fever and improvement in sanitary conditions have followed the intensive investigations of rural communities carried on by the United States Public Health Service in co-operation with local and State health officers, according to the annual report of the Surgeon General of that service. During the past fiscal year 16,369 rural homes in eight different states were visited and many of them revisited. In each of these homes information was obtained as to the prevalence of disease and insanitary conditions and a complete sanitary survey of the premises conducted. This was followed by reinspections to determine if remedial measures had been instituted. In but a relatively small percentage of the cases did the persons concerned, after having their attention drawn to the danger of a particular unhygienic condition, fail to inaugurate corrective measures. Stimulus was given to the work by means of public lectures, the formation of active sanitary organizations, and the enlisting of all public-spirited citizens in the campaigns for reform. Public buildings were also inspected and local authorities given expert advice in solving such sanitary problems as the disposal of excreta, the prevention of soil pollution, and the maintenance of pure water supplies.

The surveys made during the year 1914 had shown that in rural communities less than one per cent of the homes had sanitary toilets

and that more than fifty per cent of the people were using water from polluted sources. This condition, according to the Public Health Service, made the rural sanitation question loom large among the matters vitally affecting the welfare of the nation. Following these studies and as a result of the interest aroused, the typhoid fever rate, an excellent indicator of the sanitary status of a community, has in some places frequently been cut to one quarter of its previous figure. In Berkeley County, West Virginia, the cases of typhoid fever were reduced from 249 to 40 in one year. In Orange County, North Carolina, the rural sanitation campaign resulted in a reduction of the cases from 59 to 17.

The tangible results of operations in rural sanitation indicate that marked advancement in maintaining hygienic and satisfactory surroundings in country districts is possible by the application of the common principles of preventive medicine. Insanitary conditions exist largely because they are not known to be such. Actual demonstrations of their harmfulness, together with definite recommendations for their correction, remain one of the most gratifying and successful methods for instituting reforms and has been, in the experience of the Public Health Service, invariably accompanied by definite and measurable results.

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**AN IMPORTANT SILVER GERMICIDE:**—There are numerous silver salts on the market. One of the most efficacious of these is believed to be the proteid-silver compound manufactured by Parke, Davis & Co., under the name Silvol. This product occurs in scale form, has a dark, lustrous appearance, and contains about 20 per cent of metallic silver. Silvol is slightly hygroscopic, consequently is readily soluble in water. Aqueous solutions of any strength desired may be prepared from Silvol—solutions having this important advantage: they are not precipitated by proteids or alkalies or any of the reagents that commonly affect other silver compounds in solution. Moreover, Silvol solutions do not coagulate albumin or precipitate the chlorides when applied to living tissue.

The use of Silvol is indicated in inflammatory affections of mucous membranes generally. It may be used locally in solutions as strong as 40 per cent without producing pain or irritation. In acute gonorrhea, as an abortive measure, a 20 per cent solution may be injected every three hours, while in the routine treatment the injection of a 5 per cent solution three times a day is recommended.

Silvol penetrates tissue and destroys pathogenic bacteria. It is non-toxic. The product is available in two forms: powder (ounce bottles) and capsules (6-grain), bottles of 50. The contents of two capsules make one-fourth ounce of a 10 per cent solution. For application to

regions where the use of an aqueous antiseptic solution is impracticable, Silvol Ointment (5 per cent) has been devised. This ointment is marketed in collapsible tubes (two sizes) with elongated nozzle.

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HERE IS A SIMPLE PRESCRIPTION TO CHASE AWAY GERMS OF GRIP:—  
*Take equal parts of Listerine, hydrogen peroxide and water, and with it spray the nose and throat. Keep your system in good condition; observe the simple rules of hygiene, and do not trouble yourself about the presence of grip.*

The above is a prominent physician's prescription for a throat wash recommended by Dr. Samuel G. Dixon, Pennsylvania State Commissioner of Health. It is offered on the theory that an "ounce of prevention is worth a pound of cure." The use of this prescription is conducive to cleanliness, and while these ingredients will not kill the germs of pneumonia, it will go a long way in warding off the malady which just now is claiming so many victims. This remedy can be obtained at any drug store at a moderate cost.

Dr. Dixon, in his weekly health bulletin, says:

"When compelled to submit to the evils of crowded civilization during grip and pneumonia seasons, it is well to get your doctor to write a prescription for a good disinfection solution to rinse the mouth and throat with several times a day. It has been demonstrated that there are many pneumonia germs in the mouths of those suffering from the grip."

"The Chinese method is the best after all," said a Pittsburgh physician this morning. "In China, you know, they pay their doctors to keep them well. If people would see their family physicians now and then for an examination, there would be fewer cases of serious illness."

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ESTIMATING A DRUG'S MERIT:—In estimating the merit of *Bromidia* (Battle) the features that should receive full consideration are its definite therapeutic potency and its freedom from the production of disagreeable after-effects, which latter, unfortunately, so frequently tend to neutralize the therapeutic efficiency of extemporaneously prepared bromide mixtures.

As a result of these advantages of *Bromidia*, it has come into wide use as a simple hypnotic agent, especially in those states presenting a marked nervous element. Its marked sedative properties reduce nerve tension, and thus composing the sleepless patient, permit a more prompt and decided hypnotic action, *Bromidia* (Battle) will be found an ideal agent in insomnia, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects. With a minimum dosage a full sedative influence is exerted. The drugs

entering into the composition of *Bromidia*, which need not be given here, for it is generally known, are chosen with the utmost care as to therapeutic power and purity.

*Bromidia* (Battle) is a very practical, matter-of-fact formula, its superiority resting entirely upon purity of components and skill in manufacture. Its present-day wide use has been gained through its meeting severe clinical demands.

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A SUITABLE CALMING AGENT FOR NERVOUS WOMEN:—In the nervous trials of women originating in perverted menstrual function, *Pasadyne* (Daniel's) has been found to serve a highly useful purpose. It possesses the twofold advantage of distinct therapeutic potency and freedom from the danger of fastening upon the patient a drug habit or other evil effects of administration. In estimating the virtues of *Pasadyne* (Daniel's), which is the concentrated tincture of *Passiflora Incarnata*, it is well to remember that while easily the peer of the various habit-forming remedies in therapeutic power, it possesses none of their disadvantages which so frequently operate to nullify their good qualities. For these reasons in the nervous disorders of women, *Pasadyne* (Daniel's) finds one of its greatest fields of usefulness. Each year an appreciation of *Passiflora Incarnata* as represented by *Pasadyne* has become more widely spread through the profession; in the hands of many physicians it has entirely supplanted other calming agents.

A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

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GRIPPE is an epidemic catarrhal disease, and is usually accompanied by or complicated with severe cephalic, thoracic or abdominal disorders, rheumatism, etc.

The complications are legion, embracing almost every form, respiratory, digestive, urinary and nervous, affecting the organs of sight, hearing, olfaction, gustation, etc.

We think that all who have made a test of the action of Tongaline, either in the acute stage of the malady, or in the period of convalescence marked by the extreme nervous disturbance above alluded to, will be convinced that the remedy has a direct and marked influence for good.

There is not an organ or function of the body which may not be so impaired by gripe as to lead to a permanent disability, but on account of the extraordinary eliminative action of Tongaline, this rarely occurs if that remedy is used, since there is then no opportunity for such an accumulation of the poison as to induce permanent harm.

**HAYDEN'S IS THE ORIGINAL VIBURNUM COMPOUND:**—The past has established the reputation and therapeutic value of Hayden's Viburnum Compound by its satisfactory employment by such men as Marion Sims and other eminent gynecologists. The future; those cases which you will be called upon to handle and in which, as in the past, this product has proven so dependable, are what interests you.

In *Amenorrhea* resulting from mental shock, colds or change of climate, *Dysmenorrhea* and *Menorrhagia*, Hayden's Viburnum Compound will convincingly sustain its well earned reputation.

"The Reason Why Results Follow" is a brochure presenting a detailed statement, by recognized authorities, of its efficiency and the therapeutic activity of its principal component parts. Write to the N. Y. Pharmaceutical Co., Bedford Springs, Bedford, Mass., and a copy will be sent you free of charge.

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**SANMETTO** is a mild, non-irritating diuretic, which allays urinary irritation and increases urinary secretion. It is thought of in prostatitis, pyelitis, purulent or catarrhal cystitis, irritable condition of the bladder, gonorrhea, enuresis in children, and in fevers where a mild diuretic is desirable to increase the secretion of urine. Sanmetto has been used by thousands of physicians in old men with irritable bladder and difficult urination, and they have found it a very satisfactory medicine. It is safe and harmless, and by its soothing action on the mucous membrane of the bladder, it relieves the irritation, and adds greatly to the comfort of the patient. It increases the flow of urine, lessens the specific gravity, clears up cloudy urine, and relieves undue acidity. In all these ways it is of great benefit to the patient. In enlarged prostate it has done good service by its soothing qualities while reducing the enlargement.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

**CONCERNING CATHARTICS:**—To the layman, a cathartic is simply a cathartic, and nothing more. One thing is as good as another, as long as it "moves the bowels." To the physicians there is a vast difference between "moving the bowels," and inducing normal bowel action.

For years strychnine was the stock ingredient of cathartics, for the purpose of stimulating the muscle to peristalsis. But nowadays we realize that strychnine more often inhibits peristalsis by over-stimulation, and that the best stimulant of intestinal muscles is the intestinal secretions.

Phil. Cascara Comp. (Robin's) contains no strychnine to force the musculature, nor belladonna to inhibit the secretions. On the contrary, it stimulates the flow of secretions and normalizes peristalsis. It is, in fact, a normal cathartic.

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**THE NUTRITION OF PULMONARY TISSUES:**—During the winter and spring months, the management of diseases of the bronchi and lungs is one of the most important functions of the physicians. The treatment of acute infections must, of course, be largely symptomatic, but it is generally recognized that the best chance of securing results in chronic diseases of the bronchi and lungs is afforded by an agent that supplies nourishment to these tissues, and for such a purpose *Cord. Ext. Ol. Morrhuae Comp.* (Hagee) will give the utmost satisfaction. It contains the essential qualities of cod liver oil, but is free from its nauseous properties, for which reason it should be selected whenever cod liver oil is indicated.

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**AUTO-TOXIC ILLS AND THE LIVER:**—Auto-intoxication is so frequently due—directly or indirectly—to hepatic torpor, that stimulation of the liver becomes, perforce, the first and most important detail of its treatment. The almost specific action of *Chionia* in increasing hepatic activity without producing catharsis gives it, therefore, a highly important place in the successful management of auto-toxic conditions. The results that follow its use are especially satisfactory in that they are accomplished through physiologic or natural channels. One to two teaspoonfuls in water, three times a day will rapidly restore biliary activity and thus remove the train of auto-toxic symptoms commonly described as biliousness.

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**TWO IRISHMEN,** meeting one day, were discussing local news. "Do you know Jim Skelley?" asked Pat.

"Faith," said Mike, "an' I do."

"Well," said Pat, "he has had his appendix taken away from him."

"Ye don't say so?" said Mike; "well, it serves him right. He should have had it in his wife's name."

**NEURASTHENIA:**—The group of nervous ills which make up the clinical picture of neurasthenia, often calls for the administration of the bromides. Too great care, however, cannot be used in selecting the preparation to be used, but the physician who employs *Peacock's Bromides* may rest assured that he is using not only a sedative—and anti-spasmodic—of maximum efficiency, but one that is so pure and free from objectionable action, even when administered over long periods, that maximum benefits may confidently be expected. One to two teaspoonfuls in water every two, three or four hours as required may be relied upon to accomplish the results desired.

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**CORYZA—ACUTE NASAL CATARRH:**—This condition is manifested by a local congestion of the nasal mucous membrane, with an infiltration of serum into the tissues and later an exudation on the part of the mucous membrane.

The local treatment calls for a remedy capable of relieving the engorgement by exosmosis, which can never be achieved by the use of acid or astringent preparations.

The use of *Glyco-Thymoline* in these cases purges the mucous membrane, relieving the congestion, and then by stimulating the local capillary circulation to renewed activity prevents a re-engorgement.

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**WELL WORTH A TRIAL:**—"Many cases of acute coryza and nasopharyngeal irritation are often due primarily to the streptococcus rheumaticus and respond to the usual rheumatic therapy."

In these cases, commonly called "colds," generally deep-seated, painful and exhausting, Tongaline mitigates the congestion and by rapid elimination of the poisons or germs, promptly relieves a condition often very obstinate, and if not corrected within a reasonable time, attended with serious results and always with a tendency to become chronic.

For special stimulation to the kidneys, Tongaline and Lithia Tablets; if malaria is indicated, Tongaline and Quinine Tablets.

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**PALPITATION OF THE HEART:**—Cardiac palpitation and the whole train of subjective symptoms that often keep the heart sufferer in constant distress are not infrequently completely controlled by *Cactina Pillets* when everything else fails. Clinical experience has shown that *Cactina* is a persuasive tonic—not a therapeutic lash—and the skilled clinician appreciates the distinction. One to three pillets every three or four hours will support the heart and relieve the patient's trepidation.

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**LOVE YOUR ENEMY;** then he will come up close and you can take a good swat at him.—*Hubbard*.



**FORMULAS FOR INFANT FEEDING** based upon the Mellin's Food Method of Milk Modification for physicians' use:—A method of infant feeding that appeals to the doctor who prefers simple mixtures. A method that is suited to the physician who desires to know every detail of percentages and calories, is contained in this book of sixty-two pages. Mellin's Food Company, 219 Atlantic Avenue, Boston, Mass., offer this book free of charge—an opportunity of securing a most serviceable work, made possible only by many years of close attention to all matters pertaining to infant feeding.

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**INTESTINAL ELIMINATION:**—To accomplish intestinal elimination there is no remedy more promptly effective than *Prunoids*. This is attained, not only with surprising thoroughness, but the activity of both the secretory and muscular function of the intestinal canal is restored with gratifying permanency. *Prunoids*, moreover, has the especial advantage that it does its work without any of the gripping or reactionary constipation common to other cathartic measures. One to three at bedtime can be depended upon to move the bowels without exciting excessive peristalsis.

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**IODONIZED EMULSION** (Scott), is an ideal intestinal antiseptic, indicated in typhoid and other continued fever, dysentery, chronic diarrhea and other gastro-intestinal troubles. Write to *Dawson Pharmaceutical Co.*, Dawson Springs, Ky., for samples and literature.

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**CREOSOTONIC** (Scott) is an excellent systemic antiseptic, invaluable in tuberculosis, bronchitis, asthma, catarrh, grippe and as a tonic after all exhausting diseases. The *Dawson Pharmacal Co.*, Dawson Springs, Ky., will send samples and literature on request.

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It's NEVER NECESSARY to pasteurize the milk of human kindness. The Lord knows the dairies producing this brand are few enough.

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**TO DESTROY ODOR OF LYSOL OR IODOFORM:**—To remove the odor of lysol or iodoform from the hands, rub them thoroughly with ground mustard. Moisten the hands with cold water, place a small quantity of dry mustard in the palm, rub it over the hands, and wash off with soap and water. The odor can be removed from utensils in the same way, with the exception that the paste should be allowed to remain for several hours.—*Agnes A. Gamm, in the Nurse.*

## Selections

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THE NEW DISCOVERY ABOUT PNEUMONIA:—When Professor Paul Ehrlich announced four years ago that the loathsome blood disease which had required a slow and tedious course of treatment by mercury could be dramatically cured by one or two hypodermic injections of a newly discovered drug, the whole medical world sat up and began to take notice. The fervor of investigation which had spent fifteen years of fury in unearthing vaccines, serums and antitoxins was given pause, and the very savants, such as Sir Almoth E. Wright, who had extended the application of anti-typhoid vaccine, began again to turn their distracted attention to drugs or “chemotherapy” as disease exterminators.

It was truly, however, more the anarchistic skepticism of Sir William Osler about the efficacy of drugs in curing diseases, more than the prominence of anti-toxins and vaccines, that had influenced medical men to scoff at medicines of a chemical nature. The peans of praise bestowed upon drugs and herbs, chemicals and potions by doctors of previous generations, as well as by patent medicine exploiters and advertising pharmacies, were as wide of the mark, so far from the truth that Dr. Osler said in his nihilistic manner that the only drugs that were worth an oyster-sucker’s oath were those that smelled good, tasted good, looked good and were at the same time harmless.

His successor, Dr. Lewellyn F. Barker, taught that there are but six efficacious drugs known, to-wit: mercury, iron, quinine, salicylic acid and two more. Professor William Halsted, the noted Johns Hopkins surgeon, is even more radical. He says that if he were cast away upon a Pacific Island, and compelled to practice his profession among savages, he would choose a hatful of calomel pills as his complete equipment.

Be all this as it may, times are certainly changing from the medical points of view. Knocked into a cocked hat by the iconoclastic blows of serum-therapy, professional doubt, Oslerismic nihilism, Christian Science, New Thought, Fletcherism and other personal and impersonal fads, chemical therapy under the impetus of scientific tests and laboratory control bids fair to soon more than come into its own. For not only have the skillful and conservative Professors Ehrlich and Neisser of Germany come to its support, but no less a person than Sir Almuth E. Wright of London.

Early in the year just closed Professor Morgenroth of Germany built up in his laboratory a new synthetic drug with the terrifying polysyllabic name ethylhydrocupreinhydrochlorate. Formidable as this eleven-syllable name would seem, it is so harmless to the human tissues in proper dilutions that wonderfully beneficial things are being done with it.

As soon as Professor Morgenroth announced his expectations with regard to ethylhydrocupreinhydrochlorate, Sir Almuth Wright became interested. Professor Morgenroth injected this new drug into animals and at once saw startling results. His experiments are destined to stand out as landmarks in the history of the new scientific discoveries in the healing powers of drugs. They furnish the anxious world for the first time with the certain proof that microscopic diseases, such as pneumonia and meningitis, strictly bacterial diseases as distinct from protozoal and animalcule infections, can be both prevented and cured by the use of the correct chemicals.

Dr. Morgenroth inoculated mice and rats with the bacteria that are responsible for pneumonia. The pneumococcus is always fatal to rodents; so fatal that when given an infinitesimal number of the germs they die with 100 per cent fatalities. The German physician divided his rodents into three groups of, let us say, one hundred each. Into the first hundred he injected a very weak solution of the

# Cystogen-Quinine

*A new Cystogen preparation composed of Cystogen ( $C_6 H_{12} N_4$ ), 3 grains and Quinine Alkaloid, 1 grain (representing about one and one-half grains quinine hydrochloride).*

In presenting Cystogen-Quinine Tablets we are simply supplying a combination of these two well-known drugs at the instance of many physicians who have noted satisfactory results from the use of cystogen and quinine.

The value of this combination, as well as its convenience of presentation, will be readily appreciated because of the antiseptic and slightly stimulating action of cystogen on the secretions and excretions of the abdominal viscera and the well-known action of quinine.

Cystogen-Quinine Tablets are packed in boxes of 25 tablets and in bottles of one ounce or 87 tablets.

## OTHER CYSTOGEN PREPARATIONS

Cystogen—Crystalline Powder.

Cystogen—5-grain Tablets.

Cystogen-Lithia (Effervescent Tablets.)

Cystogen-Aperient (Granular Effervescent Salt with Sodium Phosphate.)

*Samples on Request*

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## "The Cleanest of Lubricants"

**K-Y Lubricating Jelly** (REG.  
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"The Perfect Surgical Lubricant" PAT. OFF.)



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sound's and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

Samples on request.

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containing a 20-inch strand of plain or chromicized catgut. Sizes; 00, 0, 1, 2 and 3 in the plain, and 00, 0, 1 and 2 in the chromicized.



A Dollar a Dozen

At Your Dealer—or Sent Upon Receipt of Price.  
No Samples

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# The Southern Practitioner

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ESTABLISHED 1879

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

Correspondence and Reports of Cases are requested from all regular Practitioners and Medical Organizations.

**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

drug ethylhydrocupreinhydrochlorate, into the second group he injected at once the pneumococci, and then he inoculated the third hundred with the pneumococci.

Now he returned to the first hundred which had already received the drug and gave them a dose of germs large enough to kill a mastodon. Three or four hours later he gave the third division each a dose of the drug. Meanwhile, you see, the second division of one hundred mice were the only ones that had not been given the medicine. What was the result? Why, the most startling indeed. For the hundred mice that had first received the drug only later to be given the usually fatal malady all survived. The drugs prevented any development of the ailment. While the third phalanx which had first developed symptoms before the drug was injected was also entirely well. The drug had cured these. But not a mother's son lived in the second hundred animals. Unhappily for them, Professor Morgenroth omitted to give them any ethylhydrocupreinhydrochlorate.

You might easily ask, "What have ailments of these filthy creatures to do with human pneumonia?" To which answer may be made that well laid plans hold or "gangaglee" for both mice and men. Goose sauce may not be exactly the same as gander sauce, but sauce is sauce. Professor Morgenroth made no statement whatsoever about pneumonia when he said the new drug prevented and cured mice with an infection from the pneumonia parasite. That is where Sir Almoth E. Wright steps into the breach.

With his practical British vision, Sir Almoth at once recognized the great value his Teutonic colleague's observations would have for mankind, if his experiments could be extended and successfully applied to the broader problem of pneumococcus infections in man. With this idea in view, with the hope of evolving the boon towards which medical men have aimed since the golden days of Pericles, Sir Almoth now announces the successful preliminary observations made by him in the London hospitals.

With the idea then of ridding the human race of the eter-

nal socurge—pneumonia—he began his experiments on healthy men, because it is to the advantage of the sick that some sort of guide or standard be found for the drug, and because men in the vigor of health and strength may be expected to give timely warning of all sensations and impressions received during the treatment. Then, after this was determined, upon patients who had fallen ill with pneumonia.

It is certainly not desirable to state the dose of the new synthetic preparation that Professor Wright found his healthy men could stand, and which turned out afterwards to prove of such great service for his pneumonia patients. For it is too early to say that it may not be necessary to increase or decrease the amount. However that may be, this is the first authentic announcement from Sir Almoth himself that ethylhydrocupreinhydrochlorate does cure pneumonia.

The number of pneumonia patients treated by the British physician and his colleagues is rapidly growing. Since, however, only one year has elapsed and the number of pneumonia patients in one season even in so large a metropolis as London cannot be great enough to absolutely prove conclusions. Since, also, the pneumonia in one year is so much milder than other years that even the most dramatic series of cure may turn out to be more apparent than real, it will be wise for the usually impatient public to hold their horses long enough to have the new hailed drug tested on pneumonia patients of many climes over a period of several years before the new discovery is accepted as undoubtedly confirmed.

Unquestionably, however, this new drug and this new method is of vital import to man, and it is more than a remote hope that at last the savants of the medical laboratories have hit upon a cure of the marshal of the men of death, to-wit, pneumonia.—*L. K. Hirshberg, A. B., M. A., M. D., of Johns Hopkins, in Texas Medical Journal.*

**HINTS IN DIAGNOSIS OF GASTRIC COMPLAINTS:**—One should keep in mind that most gastric disorders arise in whole or in part from mental irritation.

In digestive disorders always look the patient in the mouth. They may be due in large part to his lack of teeth.

The stomach is twenty feet this side the appendix, but chronic gastric dyspepsia may have its origin in the distant organ.

Constipation is a frequent cause of stomach disorders.

Do not forget that gallstones cause disturbance of digestion.

A craving for sour foods is said always to indicate lack of hydrochloric acid.

Few dyspeptics eat too little; most eat too much.

Much gastric disease is due to alcohol. Do not fail to probe for alcohol when taking the history of the case.

Be not too impatient of idiosyncrasies in food; they may be real.

The findings from stomach washings and test meals are not always to be relied on. Nervous influences may disguise the findings.

Do not fail to percuss the stomach after distension with Vichy water or a Seidlitz powder. When the stomach is distended the lower border should not come below the umbilicus.

A great help to diagnosis is to ask the patient to dine with you, or better, ask yourself to dine with him, and study his methods and materials of feeding.

Hyperacidity means irritation—local or reflex. Hypoacidity means depression from local or mental causes.

Do not forget eyestrain in the diagnosis of digestive disorders.

Bodily fatigue may have much to do with indigestion. Those who are overworked are always dyspeptic.

Disturbances of digestion may be due to the influence of toxins of tubercular infection.—*Medical Herald*.



**RECTAL FISTULA:**—Permit me to say a word to the *Notes on Rectal Fistula* by Dr. J. Rawson Pennington of Chicago which I noticed in the November issue of your esteemed journal.

Whenever I read of the treatment of rectal fistula in our medical journals it seems to me as if there existed an agreement among physicians to omit what I have said on the subject. Nobody will mention the fact demonstrated by me, that simple and complete rectal fistula (which is neither syphilitic nor tuberculous) can be healed promptly, completely, and permanently by means of carbonic-acid gas application. This method of treatment was first described in *The New York Medical Journal*, in January 1903, and then in my book ("*Carbonic Acid in Medicine.*") Cases successfully treated were demonstrated before two New York medical societies.

I have demonstrated and published my observation, that we can make the diagnosis, if an anorectal fistula is a complete one or not, by passing carbonic-acid gas through the external orifice.

When we inflate the rectum with the gas, very soon a pleasant sensation of warmth will be felt; and this same sensation of warmth is experienced if the fistula is a complete one and the gas passes through the sinus into the rectum. In case the fistula is a complete one and neither tuberculous nor a syphilitic affection, the diagnosis will at once be the cure; that is, in a very few sittings the fistula will completely and permanently be healed.

This method takes most thankless cases for operation from the surgeon and gives them to the general practitioner, who has no experience in operating on rectal fistula. A special advantage of this method is that, instead of causing pain, as probing does more or less, it is a rather pleasant procedure for the patient; where there has been pain the gas application will give relief.—A. Rose,, M.D., of New York, N. Y., in *Pacific Medical Journal*.

**EXPERIMENTAL VIVISECTION AND THE RIGHTS OF ANIMALS:**—I cannot argue with the man who insists that his dog and his hog are as good as he is; that he has no right to restrain the one or to eat the other. If he refuses to eat meat, or eggs, drink milk, use leather, wool or other animal products for clothing or shelter; if he refuse to make counter attacks against the lions or serpents which attack him, he is consistent; I cannot argue with him; I can merely watch him go his way in the procession with the trilobite, the ichthyosaurus and the dodo. But intensely practical questions arise and must be met. And the life of a relatively few animals is placed against the life and health and comfort of the human race. The antivivisectionist insists that even if you grant that the injury to the guinea-pig or the rabbit or the horse will save the life of a child, you have no right to save it in that way. If there is not room in the life-boat for the woman and the dog you have no right to push out the dog to make room for the woman.—*Samuel S. Maxwell, Science.*

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**GASTRIC ULCER VS. CHOLELTHIASIS:**—In gall stones the pain is of paroxysmal type, usually coming on suddenly and suddenly disappearing. In stomach ulcer there is a sudden, sharp pain relieved by vomiting, and it generally follows the ingestion of food. Following a gall stone attack there is a distinct soreness over the gall bladder, also a slight rise of temperature the following day. These symptoms are not present in ulcer. Vomiting is very often present in both lesions, which, as stated before, relieves gastric colic and ameliorates or does not affect gall bladder colic. The pain of appendicitis is general, over the entire abdomen, but in a few hours localizing itself over the region of the appendix and becoming more or less constant in character. Vomiting is not present as a rule, but if it occurs twenty-four hours later, it is quite significant of perforation, occasionally this is not so, but more often it is present.—*M. H. Cremer, in the St. Paul Medical Journal.*

**TREATMENT OF AMEBIC DYSENTERY:**—George C. Low (*British Med. Jour.*, Nov. 13th, 1915) states that he has been seeing many cases of dysentery in the Seamen's Hospital, and, after pointing out the difficulties attendant upon the administration of emetine by the mouth, recommends in acute cases of amebic dysentery in bed, injections. In chronic cases with slight local lesions that one does not wish to keep in bed the mouth method may be employed. He uses one grain of emetine hydrochloride for each injection, two of these being given daily, night and morning, for the first two or three days if the case is a bad one with much blood, mucus, and pain. After that he gives a one-grain injection every night until 12 grains in all has been given. By this time all blood and mucus should have disappeared, and amebae should no longer occur. Sometimes a second course of injections may be necessary, but this need not be as long as the first, one grain until six grains have been taken usually sufficing.

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**ME-OW! IN MAYO TOWN:**—The following item appeared in the *Louisville Herald* of September 12th:

"An Indianapolis woman who recently returned from Rochester, Minn., where she was taking treatment of the Mayo brothers, tells the following story of a farmer who was visiting in the city:

"'And this park was given to the city by the Mayos!' he exclaimed.

"'And the Mayos gave this library to the city, and this church was built by the Mayos, and the money for this school was contributed by the Mayos,' informed his host as they sped about the city seeing the sights.

"'Well, that is wonderful,' said the farmer. 'They certainly have made Rochester. Here comes a cat. I suppose that belongs to the Mayos, too. Let's stop and ask it.'

"'Say, Kitty, whom do you belong to?' asked the farmer of the cat.

"'Me-ow,' replied the cat."—*Indianapolis Med. Jour.*

**PULMONARY HEMORRHAGE:**—H. C. Wood says: "The alkaloids of ipecac seem to have some peculiar predilection for the lungs." There is no doubt that the hypodermatic administration of emetine in cases of hemorrhage from the lungs has often been most effective as well as prompt in action. Just what range of pulmonary hemorrhage will respond to the drug is not fully determined as yet; but there is no doubt at all that emetine is a most promising drug in many pulmonary conditions in which hemorrhage is a factor, and it is quite within the range of possibility that the early stages of sthenic pulmonary congestions may, in properly selected cases, respond to the drug. But that emetine may have an influence upon pulmonary inflammations due to a specific infection is not to be expected, except in the rare cases in which protozoa are the infecting agents.  
—*Medical Council.*

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**THE NEWER ANTITOXIN TREATMENT OF DIPHTHERIA:**—The *Lancet-Clinic* of June 12, 1915, contains an article on this topic by Stammel. He concludes as follows:

1. Do not be afraid to give what is considered a large dose of antitoxin, thus avoiding reptition of dose.
2. A child needs relatively more antitoxin than an adult. Duration of disease, extent and location of membrane, and degree of toxemia should be the guide to proper dose.
3. All croup cases which do not clear up under ordinary treatment in two to four hours should be considered diphtheritis, and treated as such. Do not wait for report on culture—give sufficient antitoxin immediately.
4. Chronic nasal discharge in children, which does not react to treatment, should be suspected, particularly if there be a serogangrenous discharge which excoriates the upper lip.
5. The earlier the proper treatment is instituted, the fewer will be the complications, and the lower will be the mortality.—*Therapeutic Gazette.*

**MOUTH WASH FOR PYORRHEA:**—A good mouth wash containing ipecac, to be used as a preventive of reinfection and as a cure for pyorrhea alveolaris in mild cases, may be prepared by combining the following:

R. Fluid extract ipecac.....	8 min.
Zinc chlorid .....	2 gr.
Betanaphol .....	1½ gr.
Solution formaldehyde (40%).....	1-3 min.
Menthol .....	1⁄8 gr.
Oil gaultheria, q.s.	
Alcohol, 55%, q.s. to make 1 fl. oz.	

Directions: Cleanse the teeth and gums with the solution undiluted, using a soft tooth brush. As a mouth wash, add 20 drops to about two tablespoonfuls of water.—*Dr. F. E. Stewart, in Jour. Amer. Phar. Assoc.*

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**MOTHER OF NINE IN EIGHTEEN MONTHS:**—Mrs. Drewry of Spencer County, Kentucky, is reported to be the mother of nine children in eighteen months. Mrs. Drewry, who is about thirty years old, gave birth to five children in May, 1914, and on November 5, 1915, to four boys. Seven of the nine, all boys, have thus far survived.—*Ex.*

(Somewhat "litter"-ary.—*Ed. S. P.*)

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"When I was a boy," said the gray-haired physician, who happened to be in a reminiscent mood, "I wanted to be a soldier; but my parents persuaded me to study medicine."

"Oh, well," rejoined the sympathetic druggist, "such is life. Many a man with wholesale aspirations has to content himself with a retail business."—*Stray Stories.*

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**TWO HEADS:**—When a woman winds a towel around her head and calls for a bucket of water it means the beginning of a big day, but when a man winds a towel around his head and calls for water it means the end of a big night.—*Farm and Fireside.*

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Vol. XXXVIII.

MARCH, 1916.

No. 3

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THE

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DEVOTED TO MEDICINE AND SURGERY.

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## *Original Communications.*

### SYNOPSIS OF LECTURE ON THE CONSERVATION OF VISION.\*

BY DR. HILLIARD WOOD, OF NASHVILLE, TENN.

The medical profession, in times past, has devoted most of its energies towards the cure of disease; but more recently it has begun to appear that there is something better than the cure of disease, and that something is the prevention of disease. In the effort to prevent disease, it became apparent that the intelligent co-operation of the public was necessary. To that end an effort is being made, both through the lay press and by public lectures delivered at various times and places all over the country, to familiarize the public with the methods by which the more common and serious diseases are communicated and spread, so that the public, having this information, may co-operate in the prevention of these diseases. In this way you have listened to lectures at various times upon such subjects as tuberculosis, typhoid fever, etc.

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\*Delivered by invitation of the Williamson County Medical Society, at Franklin, Tennessee, February 10, 1916.



An effort is now being made by the American Medical Association, through its various committees, to have delivered annually a lecture on, "*The Conservation of Vision*" in each county of each state of this nation, so that those who have defective vision may have the same improved; and those who have perfect vision, may retain this so important and invaluable function.

Of all the special senses, I believe it is generally admitted that vision is the most valuable; that the eye is the most important gateway through which information enters the mind of man. Blindness may be divided into congenital and acquired. Congenital blindness, or that with which a child is born, may not be prevented, but it can oftentimes be more or less relieved. On the other hand, acquired blindness, or that which the individual acquires after birth, is far more common than congenital blindness, and often can be prevented, and often relieved. Among the more common causes of acquired blindness are:

(a) *Ophthalmia Neonatorum*. This disease, which occurs in newborn children as the result of infection incident to their birth, has all through the history of medicine been one of the most common causes of blindness; if, indeed, not the most common. It is estimated by reliable authorities that of all the people blind in the world, one out of every seven is blind from this one disease.

To my mind there has always been a difference between blindness occurring in the old and blindness occurring in the young. Blindness developing in a man seventy years of age, occurs in one who has already lived out his three-score years and ten, and who, in the course of nature, could not have very many more years to live. He has had his day, and has had the benefit of his vision throughout a long life. But this same blindness developing in an infant seven days old, occurs in one at the very beginning of life, and deprives that child of vision forever afterward. Taking this view, I regard *Ophthalmia Neonatorum* as the most re-

grettable of all causes of blindness, in that it not only causes more blindness, perhaps, than any other one disease; but that it causes blindness at the very beginning of life, thereby depriving the unfortunate patient of vision for the whole term of life.

And yet, Ophthalmia Neonatorum is a disease which can be prevented with almost absolute certainty by dropping into the eyes of the newborn child, three or four drops of a solution of nitrate of silver, six grains to the ounce of water. This is familiarly known as Crede's preventative treatment, having been devised by Prof. Crede of the Lying-in-Hospital of Leipsic, Germany. It has been shown that when this solution of silver is dropped into the eyes of a new-born child, it will prevent Ophthalmia Neonatorum in ninety-nine out of one hundred infected children. So important is Crede's preventative treatment in the elimination of Ophthalmia Neonatorum that various states of this nation have laws requiring its use. This, commendably, is a state law in Tennessee. Every obstetrician and midwife is required by the law of Tennessee to put into the eyes of each newborn child a solution of silver to prevent that infection, which would result in Ophthalmia Neonatorum and blindness.

Not only is Ophthalmia Neonatorum preventable, but it is likewise curable if taken in hand as soon as the eyes of a newborn baby become infected and begin to suppurate, which is usually on the third day after birth. When properly treated it can, as a rule, be cured and blindness prevented; but if treated by some midwife, with poultices and such-like applications, the eyes of the child will be lost with almost absolute certainty. So that we have Ophthalmia Neonatorum, a disease which is preventable in the first place, and curable in the second, and yet this disease produces perhaps more blindness than any other disease that affects human vision. This situation can only be explained either by carelessness, or ignorance, or both.

(b) *Trachoma*. The second cause of blindness, either partial or total, that is almost, if not quite as common as Ophthalmia Neonatorum, is granular lids, which among the profession is technically known as Trachoma. This disease has been with us since the early history of medicine. It is very prevalent in Egypt, and I understand from those who are familiar with that country, that it is the common cause of the great number of cases of blindness among the Egyptians. The disease consists of a chronic inflammation of the inner side of the lids, which inflammation produces pus, or matter, and which pus, or matter, is in various ways transmitted from diseased to healthy eyes. In this way, healthy eyes being inoculated with pus from a case of granular lids, themselves develop granular lids. In this way the disease spreads from the diseased to the healthy.

The methods by which the pus is transmitted from the diseased to the healthy, are: by the use of common toilet articles, such, for example, as wash bowls, towels, handkerchiefs; by sleeping together; a nurse, mother or physician, in treating a child with Trachoma and getting the pus on the fingers, if they forget to wash their fingers immediately, may rub their own eyes with their soiled fingers, and so inoculate them with the pus that produces Trachoma. I understand that in Egypt, where the temperature is warm the year around, and where flies are abundant, that it is a common impression there that the disease is transmitted oftentimes through the agency of flies, these flies alighting about the eyes of those with Trachoma, soiling their feet and wings with the pus discharge, and then alighting about the eyes of healthy individuals and inoculating them with Trachoma. Understanding these common methods of transmission, it is easy to understand the methods of prevention.

In every family where there is a case of granular lids, the patient should have his own toilet articles, such as wash bowl, soap, bath rags, towels, handkerchiefs, etc., and

should sleep alone. The nurse or mother, in treating these infected eyes, should immediately after wash her hands with soap and water to prevent infection of her own eyes. Again, it must be remembered that every case of Trachoma is a menace to healthy eyes, and that the more actively it is treated and the sooner the disease is cured and the discharge stopped, so much the sooner the patient ceases to be a source of danger to those around him.

The importance of Trachoma as a cause of blindness in Tennessee, is shown by statistics kept by the Tennessee School for the Blind at Nashville. In this school where the blind children of the state receive their education, each child, upon being admitted, is examined. The degree, character and cause of blindness are ascertained and recorded. The statistics of this institution, kept now for a term of years, show that more children are in this School for the Blind as a result of granular lids than from any other single cause.

In the City of Nashville, children with Trachoma, who are not being treated, are not admitted into the public schools, it being justly held that it is not fair to the healthy children to subject them to the danger of contracting this terrible disease by being associated with those who have it. In the admission of immigrants to the United States, the presence of granular lids in an immigrant bars his admission. This is not because we have no granular lids in this country, but because we have enough, and it is not deemed wise to import any more.

(c) *Roller Towel.* The common roller towel is a relic of the dark ages. Every one who uses this towel to dry his hands and face, takes the chance of absorbing all the contagion that is left on that towel by those who have used it before him. The roller towel has committed more sins than will ever be forgiven. It is like the saloon; it has sinned away its day of grace; it is doomed, and must go. In fact, it is going. Those who must have roller towels

should use paper roller towels; they are cheaper and infinitely more sanitary.

(d) *Wounds of the Eye Ball.* By wounds of the eye ball, I mean wounds that are both superficial and slight, and those that are deep and severe. By these wounds I mean foreign bodies, such as cinders, small particles of dust, grit, steel or stone, such as may get into the eyes. I also mean deeper wounds, such as when a little boy sticks his knife into the eye ball; or when a little girl sticks the point of a pair of scissors into her eye ball; or when a shot, piece of gun cap or other foreign body enters the eye ball. These wounds are dangerous *per se*, but they are doubly dangerous because of the infection which frequently either enters with the foreign body that makes the wound, or enters subsequently. Indeed, in many of these cases, the infection is the cause of more damage than the wound itself would be without the infection. Infection is often promoted by the ill-timed assistance of the family or friends applying all sorts of noxious substances to the eye, such as apples, potatoes, poultices, and what-not. In these war-like times we hear a great deal about the first aid to the injured. While, happily, so far our country has avoided participation in the war; yet, nevertheless, we have many injuries. The first aid which the laity can render to these injuries about the eye is not to infect them, i. e. to put nothing on the eye which is not absolutely clean; but a clean cloth which has been boiled should be placed over the eye, and the patient immediately carried to a physician.

(e) *Patent Medicines.* Among the various patent medicines which are sold for use about the eye, many of them contain cocaine, which, when used for a length of time, favors ulceration, sloughing of the cornea, and loss of the eye. Others contain a solution of lead which, under many conditions, may and does produce white opacities of the cornea, and results in a greater or less loss of vision. The use of patent medicines is wrong for many reasons; the

best they usually do is to do the eye no harm; but on the other hand, they often do harm. Patent medicines are secret and that is another reason why they should not be used. Their secrecy is their stock-in-trade; it is what they do business on. If any promoter of patent medicine denies this, let him put it to the proof. Let him write out the formula of his nostrum and paste it on the bottle, so that the public in buying the medicine may read the label and know what it is they are paying their money for, and then see if they will buy it. Every promoter of patent medicine knows that the public would not buy it if they knew what it is, and that is the reason for the secrecy.

(f) *Alcohol.* Any form of alcohol may produce inflammation and atrophy of the optic nerve, the nerve of vision, with resulting impairment of vision or total blindness. While this is true of ethyl, or grain alcohol, it is far more true of methyl, or wood alcohol. Indeed, wood alcohol is one of the most dangerous enemies of human vision of which I have any knowledge. Statistics kept for this country and for Canada, and published a few years ago, show that a large number of cases of blindness can be traced directly to wood alcohol. So important is wood alcohol as a cause of blindness, that many physicians have favored its total elimination from this nation. Not but what wood alcohol may have a certain amount of use in the arts and sciences, but inasmuch as it has been found impossible to separate the use of it from the abuse of it, and inasmuch as the harm that it does outweighs the good that it may do, many have thought it wise to have wood alcohol eliminated altogether. Before the passage of the pure food and drug law, wood alcohol was used more or less for the preservation of pickles and other articles of food, so that the public, without knowing it, were innocently using a certain amount of wood alcohol, which should be studiously avoided.

(g) *Errors of Refraction.* By this I mean those conditions which are commonly called near-sight, far-sight

and astigmatism, and which are very prevalent, and cause a great deal of impaired vision. These can usually be corrected by properly selected glasses, and these glasses should be accurately fitted to the eye by one who is competent to do so, and should not be bought out of stock. You might as well go to a photograph gallery, look around over the wall and pick out a picture and buy it, and expect that to be a good picture of you, as to go to an optical store and pick out a pair of glasses and buy them, and expect these glasses to accurately fit your eyes. Scarcely any two eyes are exactly the same in measurement, and in order for the glasses to fit the eye, the eye must first be accurately measured, and the glasses made according to those measurements.

#### ROUTINE EXAMINATION OF EYES, EARS, NOSES AND THROATS OF SCHOOL CHILDREN.

The greatest asset of the state, town or family is the children, anything which affects their well being, affects all of us. Out of forty-eight states in this nation, thirty-six make school attendance compulsory. Since the child is compelled to attend school, it is only fair to him that he be put in that condition in which he can get his education with reasonable ease. In every school there are certain children who are backward, who require coaching and help from their teachers and parents in order to push them along that they may not hold back the entire class. It has been shown by Dr. Allport that ninety per cent of the dullness in school children is due to some physical defect, and that these defects are usually found either about the eyes, ears, nose or throat. These defects are, as a rule, remediable, and can and should be removed. A routine examination of the children in each class by the teacher of that class can be made, which will detect the grosser diseases of the eye, ear, nose and throat and the parents should then be notified. These parents can then take up the ques-

tion of these defects with their physician, and the child be relieved.

Dr. Allport has devised these test cards, such as I now show to you, and which can be bought from F. A. Hardy & Company, 10 South Wabash Avenue, Chicago, for about eight cents each. These cards have a series of test letters, which are used to test the vision. They also have, at the bottom, nine simple questions, which the teacher can ask the pupil, and according to the answers to these questions the teacher can determine with reasonable certainty whether the child is normal so far as the condition of the eyes, ears, nose and throat is concerned; and if abnormal, the teacher can notify the parents. In these examinations the teacher is not expected to make a detailed diagnosis, but only to determine that something is wrong, and the parents being notified of this fact, can take the child to any physician of their own choice, who will look carefully into the matter and institute such treatment as is called for. These examinations do not require professional training on the part of the teachers. Any person with an education and culture sufficient to be a teacher can learn this method of examination in ten minutes, after which not more than five minutes would be required for the examination of each pupil. This is not a hardship on the teacher, for every teacher fully realizes that her nervous wear and tear is caused by those pupils in the class who are backward; and by these examinations probably nine out of ten of these backward pupils could be made healthy, and then would be mentally as bright as the rest of the class. For this reason every teacher should welcome these examinations as affording the greatest relief to her, individually.

The routine examination of school children has now been tried for a good many years in many towns, large and small, throughout the United States. I do not know of any place where it has been once adopted and afterwards abandoned. On the other hand, some years ago the City of



Nashville took it up in a small way, more as an experiment; and after having tried it, enlarged it and elaborated it, until now a thorough system, not only of examinations by the school teachers, but by professional experts, has been adopted and made compulsory.

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### *Obituary.*

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EDWARD LIVINGSTON TRUDEAU was born in New York in 1848, and was of French Huguenot descent, with a medical ancestry which, on his mother's side, extended back several generations. When still a very young child he was taken to France, where, at the home of his grandparents in Paris, he spent his boyhood and received his early education. Returning to New York, at the age of eighteen, it was some time before he felt at home in his native land, and several years before he formed any very serious purpose in life. At first he was attracted to service in the United States Navy, but before he could enter the Naval Academy, it was discovered that his only brother was ill with tuberculosis in an acute form, so he immediately abandoned his plans and devoted his entire time to caring for him, nursing him until his death a few months later. This was Dr. Trudeau's first contact with this disease, in a "perpetual epidemic" of which, as he used to say, he was to spend the rest of his life. This experience made a great impression on his mind and character, and developed in him a remarkable sympathy for all similarly afflicted.

After several ineffectual attempts to get into some useful occupation, he decided to study medicine, and in the fall of 1868 entered the College of Physicians and Surgeons. After finishing his medical course and completing a six months' hospital service, he accepted an offer of partnership with Dr. Fressenden Otis. Hardly had he begun work when it was discovered that he, too, was ill with tuberculosis. After a two months' trial of the South without improvement, he

decided to spend a few months of his remaining days in the peaceful enjoyment of the Adirondack woods. He did not expect to be benefited in any way by the climate, but merely wanted to satisfy a longing for the depths of the wilderness. But here, "*he builded wiser than he knew.*" The open air life, the pure atmosphere, his calm but undaunted spirit, his erudite and logical mind, demonstrated that the greatly dreaded "white plague" was curable; and resulted in his establishing a sanitarium that added international lustre to his name, and the good it has accomplished is invaluable, besides being a bright spot indeed in the history of American medicine, making Saranac Lake a hallowed and historic locality.

Dr. Trudeau's personality was most attractive and his presence magnetic. He immediately won a patient's confidence and co-operation by the hope and cheer which seemed to pervade the atmosphere about him. He made another's interest his own, and was ever ready to listen with close attention to matters presented to him; no one ever felt that he was indifferent to their appeal. In talking on the subject nearest his heart, the sanitarium, he always showed animation and enthusiasm, and he was able to impart this enthusiasm to others.

He was most companionable, and was a friend to his patients, and enjoyed the friendship of rich and poor, those of high station and the lowly. He was very fond of friends, and quite dependent upon them for satisfactions of life, and always ready to warm both hands before the fire of their companionship. He had a full appreciation of men's desires and great sympathy for their needs, and this endeared him to all who came into close association with him. It was his intense desire to do somebody a favor, as an individual, or to help the sick and distressed always that made his service so telling, his accomplishment so great. And it gave him great satisfaction in life to know that he had done this to some extent. He suffered much from migraine at intervals, and was of a highly nervous temperament. Be-

sides, he had to pass through much sorrow through the loss of a daughter from the same disease that crippled his own life, and a son just starting on a useful career in medicine. His wife, who has sustained him in many dark days, and a younger son, also a physician, remain to cherish the memory of a most affectionate husband and father. His recent death is a loss not only to the nation, but to the world.

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DR. ACILLES ROSE died in New York city January 10, of pneumonia. He was born in Germany in 1839 and came to America in 1854, and was graduated from the College of Physicians and Surgeons in 1872. Of him the *Medical Record* says:

"Dr. Rose devised a number of therapeutic measures which were well received, but he was best known as a champion of philological purity in medical terminology. His interest having been aroused by an editorial article in the *Medical Record* advocating the adoption of modern Greek as the international language of science, he took up the study of this language and soon became proficient in it. The later years of his life were then devoted to an endeavor to recast the language of medicine in a pure Greek mould, a task which he pursued with zeal and an earnestness of purpose worthy of a less hopeless cause."

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### *Editorial.*

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#### PREVENTION OF BLINDNESS IN THE STATE OF TENNESSEE.

We earnestly commend to the attention of our readers the very excellent and practical paper in the "Original Department" of this issue by Dr. Hilliard Wood, of this city, Professor of Diseases of the Eye, etc., in Vanderbilt University, Medical Department, which was read by invitation before the Williamson County Medical Society, at Franklin, Tenn., in the early part of February, in accordance with the action and wishes of the National Committee for the Prevention of Blindness, in urging lectures by prominent specialists in all the counties of each State on the great importance of prophylactic meas-

ures. While Dr. Wood's views were so lucidly expressed and were specially adapted for the non-professional citizens, it is well worth the careful attention of all physicians.

From "News Letters" No. 5, issued February 1, by the National Committee, we quote the following pertaining to Tennessee:

"Through the interest of Mrs. John P. Frank, of Nashville, assisted by the National Committee, Governor Rye, of Tennessee, has appointed a commission consisting of forty representative citizens of various sections of that state to study the situation as respects the prevention of blindness and to recommend legislation that shall adequately meet the conditions disclosed.

"The continued agitation and publicity attendant upon the efforts of the National Council of Jewish Women to press a great educational campaign for the prevention of blindness is proving productive of excellent results. The news items and health talks on various forms of preventable blindness have been popularly worded and widely published throughout the State, due to the hearty co-operation of the local newspapers. Mrs. Warren A. Rockwell, Harriman, Tennessee, has reported that medical inspection of school children has been put in force in that city and that in the future all their school children will have a thorough annual examination. It is now hoped that the means will be provided for securing medical treatment and glasses for those who are not able to pay."

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#### HOW THE GOVERNMENT IS MEETING THE MALARIA PROBLEM.

Four per cent of the inhabitants of certain sections of the South have malaria. This estimate, based on the reporting of 204,881 cases during 1914, has led the United States Public Health Service to give increased attention to the malaria problem, according to the annual report of the Surgeon General. Of 13,526 blood specimens examined by government officers during the year, 1,797 showed malarial infection. The infection rate among white persons was above eight per cent, and among colored persons twenty per cent. In two counties in the Yazoo Valley, 40 out of every 100 inhabitants presented evidence of the disease.

Striking as the above figures are, they are no more remarkable than those relating to the reduction in the incidence of the disease following surveys of the Public Health Service at 34 places in nearly every State of the South. In some instances from an incidence of fifteen per cent, in 1914, a reduction has been accomplished to less than four or five per cent in 1915.

One of the important scientific discoveries made during the year was in regard to the continuance of the disease from season to season. Over 2,000 anopheline mosquitoes in malarious districts were

dissected, during the early spring months, without finding a single infected insect, and not until May 15, 1915, was the first parasite in the body of a mosquito discovered. The Public Health Service, therefore, concludes that mosquitoes in the latitude of the Southern States ordinarily do not carry the infection through the winter. This discovery indicates that protection from malaria may be secured by treating human carriers with quinine previous to the middle of May, thus preventing any infection from chronic sufferers reaching mosquitoes and being transmitted by them to other persons.

Although quinine remains the best means of treating malaria and is also of marked benefit in preventing infection, the eradication of the disease as a whole rests upon the destruction of the breeding places of anopheline mosquitoes. The Public Health Service, therefore, is urging a definite campaign of draining standing water, the filling of low places, and the regrading and training of streams where malarial mosquitoes breed. The oiling of breeding places, and the stocking of streams with top-feeding minnows, are further recommended. The Service also gives advice regarding screening, and other preventive measures as a part of the educational campaigns conducted in sections of infected territory.

This study is typical of the scientific investigations which are being carried out by the Public Health Service, all of which have a direct bearing on eradicating the disease. The malaria work now includes the collection of morbidity data, malaria surveys, demonstration work, scientific field and laboratory studies, educational campaigns and special studies of impounded water and drainage projects.

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#### PUBLIC HEALTH SERVICE HOSPITALS CURB TRACHOMA.

The establishing of small trachoma hospitals in localities where this contagious disease of the eyes is prevalent presents the best solution of the trachoma problem, according to the best statement contained in the annual report of the Surgeon General of the United States Public Health Service. The Service now has five trachoma hospitals in the three States of Kentucky, Virginia and West Virginia, and so great has been the number of applicants for treatment that a waiting list has been established. In the past fiscal year 12,000 cases of trachoma have been treated, the larger proportion of which were cured, while those in which a cure was not affected have been greatly improved and rendered harmless to their associates. The great majority of these trachoma patients were people who lived in remote sections far removed from medical assistance, and who, but for the hospital care and treatment provided would have remained victims of the disease practically the remainder of their lives.

"When it is considered," the report of the Service states, "that thousands of persons suffering with trachoma, a dangerous contagious

disease, would otherwise remain untreated, it is realized how far-reaching results have been obtained through these trachoma hospitals and the other public health work done in this connection. It would be impossible to estimate with any degree of accuracy the number of people who have been saved from contracting this communicable disease by thus removing these thousands of foci of infection."

In addition to treating persons with the disease the hospitals have been used for educational work. Doctors and nurses have visited the homes of the patients and have explained how to prevent the development and recurrence of the disease. One thousand three hundred and eight such visits were made during the year in Kentucky alone. "It has taken some time," the report continues, "to educate the people afflicted with this disease to the importance of cleanliness and the use of simple hygienic measures in their daily life." That results have been obtained is evidenced by the noticeably better observance of hygienic precautions by those among whom the work has been done.

In addition to the hospital work, surveys were made in sixteen counties in Kentucky, especially among school children. Eighteen thousand and sixteen people were examined, seven per cent being found to have trachoma. Similar inspections in certain localities of Arizona, Alabama, and Florida resulted in finding the disease present in from three to six children out of every hundred. Periodic examination of school children for the disease and the exclusion of the afflicted from the public schools, are two of the recommendations the Public Health Service lays emphasis upon.

One of the special features of the trachoma work was the giving of lectures and clinics before medical societies in various counties where trachoma hospitals could not be established. Patients were operated upon in the presence of physicians, and the most modern methods of treatment demonstrated. Throughout, the purpose has been to stimulate local interest in taking up the campaign to eradicate trachoma.

#### LEPROSY AND ITS PREVENTION.

Hearings before the United States Senate Health Committee on the bill to establish a national refuge for lepers were concluded February 16, inst., with further testimony by physicians and others in favor of the measure. Among those who appeared were Dr. R. C. Rucker, Assistant Surgeon General of the Public Health Service, and George W. McCoy, former director of the government leper asylum at Molokai. John Early, a leper now isolated near Washington, advocated the bill in a letter which the Senators handled gingerly, even though it had been well disinfected.

Dr. McCoy told the committee that not more than five per cent of the people generally were susceptible to leprosy.

"It is a disease of young persons," he continued, "developing chiefly between the ages of 15 and 30 years, and an inexplicable feature is that wherever it has been found it exists exactly in the ratio of two males to one female. The period of development after exposure ranges from two to thirty years, and living in a community of lepers is often sufficient exposure."

Dr. McCoy said his investigation had demonstrated that leprosy was not a blood disease and was not hereditary, but that no one ever had established definitely how the germ was transmitted. Food and climate he said, never had been shown to play any part in its prevalence.

According to testimony before the health committee, above mentioned, there are more than 500 lepers at large in the United States—under no restraint, mingling with all classes of people in all kinds of places. It is said that nearly 200 are at large in the State of Louisiana alone, at least fifty in New York City, eighty or more in Chicago, and one or two in every large city throughout the country.

Physicians, specialists in this line of work, who testified before the committee urged the establishment of a national leper colony and complete isolation of lepers from persons who are not infected. This, they declare, is the only means of eliminating the disease, and they further assert that, unless this means is promptly taken, leprosy is almost certain to become a national scourge.

This is a matter with which nobody clothed with authority can afford to trifle and in which delay is not to be thought of. The most terrible disease in the world, one that has given no end of trouble to practically every older country on the globe, was for a long time held out of the United States, with the exception of a few small and widely sundered spots. Now, it appears to have spread itself pretty much all over the country, not with any great number of cases in most places, but enough to produce a number beyond estimate unless effective measures are immediately taken.

This is a matter in which the practicing physician can do almost nothing and in which city, county and state boards of health can do very little. Absolute isolation is the only way of preventing the spread of the disease, and such isolation local authorities cannot enforce. It will be remembered that the first known case of leprosy in Tennessee was found only a few months ago and removed by Dr. H. H. Shoulders, of the State Board of Health, by having the victim placed in a colony in another State. This transfer was, fortunately, possible. If it had not been, the probability is that the leper would have gone free among the people of Tennessee, as no means would have been immediately available for his isolation. Even if he could have been isolated somewhere in Tennessee, it would have meant solitary confinement for life for him. Yes, the control of this dis-

ease and its prevention depends entirely on measures of national sanitation.

If a national colony were established, it would afford not only an immediate means of removing the danger from communities where it appears, but it would give the unfortunates a comfortable home and the society of others of their kind instead of absolute solitude.

The position of the doctors who testified before the Senate committee is well taken. At whatever cost may be necessary, a national colony for the case of lepers should be established. And, as to the cost, one thing is certain—the establishment of a colony now would cost much less than the eradication of the disease after it has once thoroughly got a foothold throughout the country.

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### PNEUMONIA.

Ten per cent of the deaths in the United States result from pneumonia. It is estimated that during the past thirty days this rate has been doubled in some sections. Tuberculosis and heart disease, each causing one-ninth of all fatalities, are the only diseases which outrank pneumonia among the legion of the men of death, but in certain cities pneumonia is steadily increasing and even has surpassed the mortality from tuberculosis. Seventy per cent of all cases occur between December and May. It is distinctly a cold weather infection, seemingly brought by wintry blasts, but especially prevalent during the winter season only because its victims are rendered more susceptible at that time by exposure, debilitating influences, and the presence of predisposing infections.

Pneumonia principally affects those at the extremes of life, but no age is exempt. It is invariably a germ disease. The predisposing and exciting organisms are so numerous that it would be futile to attempt their enumeration. Many of them are constantly present in the mouths and throats of healthy persons, and it is only through the aid which we unwittingly extend to them that they are transformed from harmless organisms to one of man's most powerful enemies.

The presence of other diseases is the great predisposing cause of pneumonia. They prepare the soil for invasion. Holding first rank in this category is influenza, the increased incidence of pneumonia at this time being largely due to the present epidemic of la grippe. Individuals suffering from this infection are peculiarly susceptible to respiratory complications, and should properly observe every hygienic rule. Inflammation of the upper air passages, pharyngitis, bronchitis, and tonsillitis, often predispose to the development of the disease, particularly among the aged and infirm. The acute contagious diseases of childhood, more especially measles and whooping cough, frequently prepare the way for pneumonia. Anyone who through neglect or carelessness permits the spread of these infections is therefore



open to the severest condemnation. Exhausting diseases of whatever nature, is often sufficient to so reduce our resistance that we are unable to cope with organisms which should be easily overcome, and hence predisposes to the infection.

Debility, either temporary or chronic, developing from any cause, increases susceptibility. Because of this the disease most often attacks those at the extremes of life. Among debilitating influences must be mentioned cold, exposure to penetrating winds, and the chilling of body surfaces as a result of wetting. The combination of lack of food and fatigue proves particularly disastrous during the winter season, and is a condition to be avoided whenever possible. Bad housing, mental or physical harrassment, and overwork, are alike the advance agents of the infection. Overcrowding, in street cars, theatres, and other public places, is unquestionably in part responsible for the spread of pneumonia in cities, as far greater opportunity is thus offered for the dissemination of the predisposing diseases through indiscriminate coughing and other means of droplet infection, as well as the directly injurious effects which inevitably result from exposure to such environment. The overheating of rooms is also seemingly harmful. Promiscuous expectoration may be, and probably is, a factor in infection, and consequently should be avoided by every citizen. A remaining most important agent should be mentioned—alcohol. It is in truth the handmaiden of pneumonia, and there is none more certain or more sure of success, especially if liberally and continuously used.

While the foregoing facts constitute in part our knowledge of the reasons for the widespread dissemination of an infection which carries with it a mortality of from ten to thirty per cent, it should be remembered that our scientific data are not yet complete. There are problems connected with immunity, predisposition, and the occurrence of epidemics which are yet to be solved. It is known that pneumonia frequently attacks those who are perfectly well, and who apparently have observed every hygienic rule. Whether this is due to the increased virulence of the organism or to other causes is unexplained. It is, however, recognized that avoidance of the factors so briefly enumerated will in large part diminish individual susceptibility and therefore the incidence of the disease.

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**"BEAUTY AND THE BEST"**—THE CORONA is the one typewriter adaptable to general use. Its light weight makes it truly portable; its compactness permits of using it anywhere; its durability ensures long service. An economical investment for the home, office or road. Weighs less than 10 lbs. Price, \$50.00 with case. Myers Mfg. Company, corner Union St. and Second Ave., Nashville, Tenn., will gladly demonstrate this machine for personal use.

**TRACHOMA—GRANULAR EYELIDS.**

We have received a copy of the publication of the National Committee for the Prevention of Blindness, entitled "*Trachoma—A Menace to America*," prepared for the committee by Mr. Gordon L. Berry, its Field Secretary. This document is not offered primarily as a treatise on trachoma from the medical standpoint, but rather as a popular presentation of the subject for the education of the layman as to the prevalence of this disease, its effects upon vision, and the methods adopted for its control and eradication. The use of technical terms has been avoided so far as possible in order that all phases of this important public health problem might be readily understood by the general public.

A copy of the publication will be sent free to any physician upon application to the National Committee for the Prevention of Blindness, 130 East 22d Street, New York City.

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**BETTER TO WEAR OUT THAN TO RUST OUT** was the enunciation of my old, esteemed and revered surgical teacher, our first Paul F. Eve, on the last morning of his useful life, thus closing his valuable labors on earth by which he had attained both a national and an international reputation.

Cicero said: "Old men, of all things, should especially be careful not to languish out their days in unprofitable idleness."

Euripides, three hundred years before Christ, said:

"But whoe'er can know,  
As the long days go,  
That to live is happy, hath  
Found his heaven."

To live in the full sense of the word, not simply to exist, that is heaven on earth. Uselessness, inefficiency, despondency is worse than death.

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**PITUITRIN IN UTERINE INERTIA:**—Administered hypodermically during the second stage of parturition (it should not be given during the first stage), Pituitrin is said to convert a case of tedious inertia into one of normal rhythmic labor, saving time, preventing suffering on the part of the mother, and diminishing the risk to the child which attends upon protracted labor. Furthermore in many cases it obviates the use of forceps.

Pituitrin is a pituitary extract, otherwise described as a solution of the active principle of the infundibular portion of the pituitary gland (in animals). This gland, as is well known, lies at the base of the brain.

There are a number of pituitary extracts on the market—products, it may be said in all fairness, not equal in therapeutic efficacy. To

be of definite value as an oxytocic it is obvious that the solution or extract must be highly active. Owing to unavoidable variations in fresh glandular tissue, the amount of gland substance represented in the preparation is not an accurate index of its strength. Assurance of therapeutic activity can be obtained only by rigid assay. In view of these facts a recent statement of Parke, Davis & Co. with respect to their Pituitrin is peculiarly significant:

"Because of its importance in obstetrical practice we have given much attention to a determination of the proper strength and standardization of Pituitrin. The result of our investigations is a product of high potency, representing the average activity of 0.2 gramme of fresh posterior pituitary lobe to each c.c. of the solution. As an oxytocic Pituitrin stands without a rival. There is no more active pituitary extract. Pituitrin is standardized by the two accepted methods of determining pituitary activity; the blood pressure test and the oxytocic test, the latter by use of the isolated uterus. Every lot of Pituitrin represents the same high degree of activity."

Pituitrin is supplied in glaseptic ampoules of 1 c.c. and 1-2 c.c. capacity, convenient for hypodermatic administration.

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THE WORLD IS FULL OF FALLACIES:—It is fed upon half truths. It drinks in sophistry and then wonder is expressed that the millennium is so long deferred.

Take, for instance, the unfortunate use of the terms "expensive" and "high-priced" or of "costly" and "cheap."

Price—be it high or low—is what one pays. It has nothing to do with what is received.

Quality, on the other hand, is what one gets—or fails to get. Service ditto.

A useless, or inferior article or service, even when bought for a low price, is expensive and costly!

On the other hand, the better or higher the quality or the service that is obtainable, the higher the price—which is a great natural law. Hence, high-priced should and usually does mean, high quality or service.

In fact, a moment's reflection will show that the impression created in the mind of a person of average intelligence, by the word "cheap" applied to a person or a thing, suggests inferiority.

A cheap person or thing is apt to prove the most expensive. A high-priced person or thing usually turns out to be the most economical.

And, it is a most important fact that this applies with especial force to therapeutic agents of any kind intended for use by the physician, and with fulminant emphasis to drugs or agents that have to be put into the human body.

The physician who hesitates or is influenced by "high price," provided he knows the reputation and standing of the parties marketing the product, is false to his obligation to himself and to his patient.

All of which applies with especial force to mineral oil and particularly to Interol.

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A MAN DOES NOT SEE WITH HIS EYES OR HEAR WITH HIS EARS:—He sees and hears with his *brain*. He also feels pain—with his *brain*.

Irritation or stimulation, applied to a sensory or even to a motor nerve, is reflected and transferred to the brain, and pain sensation registered. Much pain is referred to some surface area, e. g., the pain in purlatic disease that is felt in the sole of the foot.

Hence counter-irritation, or even an analgesic applied over a surface area which is registering pain—has the effect in most instances of relieving that pain.

It is preferable in many cases to secure analgesia by means of external application instead of giving anodynes per os or hypodermatically.

K-Y Analgesic makes such analgesia attainable. It is in fact an anodyne—"First-Aid." By virtue of its contained camphor, menthol and methyl salicylate it is active yet non-irritant. It does not blister, stain the skin or soil the clothing, moreover it is water-soluble, can be easily removed and applied as often as may be found necessary. An especially valuable advantage is that it is *greaseless*.

Which assures prompt absorption, deep penetration, and quick as well as prolonged action and effect.

K-Y Analgesic is intended for the relief of headache, neuralgia, rheumatic pain, soreness or stiffness of muscles or joints, lumbago, sprains, contusions, etc., etc.

It will prove a valuable aid to be used until the doctor can get in touch with his patient or to keep the latter comfortable between his visits. K-Y Analgesic will prove to be a good investment for the doctor to make, it will save him trouble and annoyance, and secure the gratitude of his patients.

---

PALPITATION OF THE HEART:—Cardiac palpitation and the whole train of subjective symptoms that often keep the heart sufferer in constant distress are not infrequently completely controlled by Cactina Pillets when everything else fails. Clinical experience has shown that Cactina is a persuasive tonic not a therapeutic lash, and the skilled clinician appreciates the distinction. One to three pillets every three or four hours will support the heart and relieve the patient's trepidation.

**FRICTION PHYSIOLOGICALLY CONSIDERED** is a thing to be avoided. Its proper antidote is lubrication. The correct form of lubrication calls for slipperiness which is not supplied by grease or oil. Furthermore, grease or oil is unpleasant to use and it leaves behind stains or soiled places on the patient's linen, etc.

Instruments of penetration—such as the sound, catheter, speculum, scope or the examining finger, must be lubricated and so perfectly lubricated as to slip easily. To pass such an instrument deftly, quickly, with a minimum of pain or discomfort to the patient, requires perfect lubrication, which in turn enhances the manual dexterity and deftness of the operator. Patients are growing to be increasingly critical. They note their physicians' attention to the "little things" and judge accordingly. Hence anything that will add to his skill or deftness must appeal to the doctor and, for that reason he must be interested in K-Y Lubricating Jelly—friction's antidote.

This preparation is slippery but not sticky. It is greaseless. It is water-soluble. It is transparent. It is non-irritating. It is convenient to use and economical.

Properties which will recommend it to the discriminating doctor who has his patient's best interests as well as his own at heart. K-Y Lubricating Jelly is also a valuable emollient and protective agent, in burns, scalds, bed sores, chafes, dermatitis, urticaria, hives, etc.

It relieves pruritus in the majority of instances, and is exceedingly useful as a soothing and protecting application to the skin of children suffering from scarlet fever, measles, chicken pox, etc.

K-Y Lubricating Jelly also keeps the surgeons hands smooth, prevents bichloride rash, and "improves the feel."

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**DIRECTING THE NUTRITION OF THE NORMAL HEALTHY INFANT** is a problem that is coming before the physician more and more as one of the most important phases of preventive medicine.

The management of an infant's diet is not a difficult task—it simply means a supply of food elements that are necessary to sustain life and promote growth and a knowledge of some method of adjusting these elements to the individual condition.

The Mellin's Food Method of Milk Modifications meets the requirements in a scientific manner and offers the physician an opportunity to readily acquire a satisfactory solution of the problem. Communicate with the Mellin's Food Company, Boston, Mass.

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**AN ALTERNATIVE OF LONG SERVICE:**—It is mainly in chronic skin and glandular diseases that alteratives have found their most distinct field of usefulness, for these are conditions aggravated and continued by impaired nutritions and elimination, in the correction of which alteratives show what potent remedial forces they are. Among the

alteratives Iodia (Battle) has long enjoyed professional favor and in this will be found a striking demonstration of its value, for no class of drugs are put to a more rigid test than alteratives, so its long continued use by physicians is the best evidence that it meets the demands made upon it. Iodia (Battle) will show its power in chronic skin diseases, glandular involvements and in other states indicating the corrective influence of an alterative agent. A distinct advantage offered by Iodia is that it may be continued over long periods without causing distress.

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THE ELEMENT OF UNCERTAINTY:—In the treatment of disease the element of uncertainty as to the action of a remedy can be eliminated by carefully selecting drugs which are not inert and have proven their efficiency. For over 45 years, Hayden's Viburnum Compound has maintained its reputation as therapeutically efficient in the treatment of dysmenorrhea, menorrhagia, post-partum pains, puerperal convulsions and in pain resulting from spasmodic contraction. It is a well known anti-spasmodic, contains no narcotics nor habit-forming drugs, and causes no disagreeable after results. Given in teaspoonful doses, in boiling water, it will not disappoint you. It is not a secret remedy, but a carefully compounded and ethical pharmaceutical.

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AUTO-TOXIC ILLS AND THE LIVER:—Auto-intoxication is so frequently due—directly or indirectly—to hepatic torpor, that stimulation of the liver becomes perforce, the first and most important detail of its treatment. The almost specific action of Chionia in increasing hepatic activity without producing catharsis gives it, therefore, a highly important place in the successful management of auto-toxic conditions. The results that follow its use are especially satisfactory in that they are accomplished through physiologic or natural channels. One to two teaspoonfuls in water three times a day will rapidly restore biliary activity and thus remove the train of auto-toxic symptoms commonly described as biliousness.

---

THERAPEUTIC VALUE OF CONTINUOUS MOIST HEAT is conveniently, comfortably, uniformly maintained for many hours, by the use of antiphlogistine. Heat, in the treatment of inflammation, is a rational, scientific procedure. In all inflammatory areas, there is, already, or soon will be, a *zone of stasis, as a result of congestion*. . . . Heat tends to liquify, expand, activate. Cold (advocated by some clinicians today) tends to solidify, contract, render inactive. Therefore—the logical treatment for stasis is—not cold, but heat—continuous, moist heat.

It is well to think of Antophlogistine in bronchitis, pneumonia, pleurisy, rheumatism, etc.

**WHEN THE STOMACH IS TIRED OR LAZY:**—The artificial digestives, such as pepsin, pancreatin, papain, etc., have their place in modern therapy, but they should always be used with care and common sense. How often do we encounter patients who are continually dosing themselves with pepsin or some one of the artificial digestives after each meal? Ninety-nine times out of a hundred this is unwise and a positive harm. Instead, the process of digestion should be encouraged—the stomach urged to do its own work—for any remedy that will specifically stimulate these functions to nearer normal action will produce permanent benefits that can never come from pepsin. Seng is such a remedy, with a well defined secretory action on the glands and mucous membranes of the stomach that enables it to restore and increase the functional activity of an organ that in the great majority of instances is only over tired or indolent.

---

**THE BEST EVACUANT:**—The greatest care should be used in prescribing an evacuant to guard against the tendency of many cathartics to cause a binding after effect. Pil. Cascara Comp. Robins stimulates a flow of secretions, thus encouraging a normal physiological evacuation; normalizing peristaltic action instead of inhibiting it, as many evacuants and cathartics do.

They contain no strychnia to poison, no belladonna to dry the secretions or abnormally dilate the pupils—nothing to injure your patients.

They are suited to all conditions, requiring more or less alimentary stimulation. No unpleasant symptoms develop from continued use. A trial the most convincing argument.

On request, A. H. Robins Co., Richmond, Va., will cheerfully send you liberal samples.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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Guaranteed absolutely non-leakable—pen and feed kept moist and primed, insuring a free, uniform flow of ink, instantly upon contact with writing sheet.

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Every pen guaranteed satisfactory to the user—or money refunded—size illustrated in this advertisement

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to any address—plain black, chased or mottled as desired.

It is not necessary to write us a letter, simply enclose \$2.50 and a slip of paper containing your name and address and we will mail the pen by return mail.

Send us the name of your dealer, that you asked to show you a Laughlin Non-leakable Self-filling Fountain Pen, and we will send you free of charge one of our new Safety Pocket Fountain Pen Holders.

It is not required that you purchase a pen to get this Safety Holder, we simply want the names of dealers who do not handle this pen, that we may mail them our catalogue. Address

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**AN EASILY DIGESTED COD LIVER OIL PRODUCT:**—The therapeutic value of a cod liver oil preparation depends upon the ease with which it is digested and assimilated. If it distresses the stomach and is not assimilated, its value as a therapeutic agent is *nil*. Thus the need of choosing a cod liver oil product that is well received by the stomach and is quickly assimilated. In Cord. Ext. Ol. Morrhuæ Comp. (Hagee) these several requirements are met. In this cordial the essential principles of the plain oil are preserved unchanged, its disagreeable feature (the grease) being eliminated. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) possesses every therapeutic virtue of the crude oil with the added advantage of palatability.

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**NEURASTHENIA:**—The group of nervous ills which make up the clinical picture of neurasthenia, often call for the administration of the bromides. Too great care, however, cannot be used in selecting the preparation to be used, but the physician who employs Peacock's Bromides may rest assured that he is using not only a sedative—and anti-spasmodic—of maximum efficiency but one that is so pure and free from objectionable action, even when administered over long periods, that maximum benefits may confidently be expected. One to two teaspoonfuls in water every two, three or four hours as required may be relied upon to accomplish the results desired.

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**NERVOUS IRRITABILITY FOLLOWING DEBAUCH:**—For the relief of the nervous irritability following overindulgence in alcohol, Pasadyne (Daniel) will produce results of a highly gratifying character. These patients want cessation of the intense irritability, they want sleep, and in Pasadyne (Daniel) they may secure it. Pasadyne (Daniel), the concentrated tincture of *passiflora incarnata*, is the ideal sedative. Effective and free from untoward results, it can be given without a feeling that evil effects may follow.

A sample bottle may be had by addressing the laboratory of John B. Daniel, 34 Wall Street, Atlanta, Ga.

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**ORTHOPEDIC SURGERY:**—The American Orthopedic Association announces the appointment of Dr. Mark H. Rogers, Boston, as editor of The American Journal of Orthopedic Surgery, the only periodical in the English language devoted to orthopedics. This journal, which has now completed thirteen volumes as a quarterly publication, will henceforth be issued monthly, the first number in the new form being that of January, 1916.

The office of publication has been transferred from Philadelphia to Ernest Gregory, 126 Massachusetts Avenue, Boston. The subscription price is \$4.00 per year.

**DON'T WHIP THE SLOWER HORSE—HE PULLS MOST OF THE LOAD:—**Some curious facts about team driving are pointed out by *Farm and Fireside*, the national farm paper published in Springfield, Ohio.

"The engineers of the Minnesota Agricultural College have proved by actual test that the faster horse is the gainer by the operation. If the load pulled is a ton, and the faster horse keeps his end of the eveners eight inches ahead of the other end, the slower horse is pulling 1,012 pounds, while the fast one gets away with a load of only 988 pounds.

"The fast horse has his head with him.

"Unconsciously he has adopted that golden motto for every farm, 'Drive your work, let it not drive you.'

"Almost any job goes easier that way."

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**IN PARTICULAR CASES:—**Therapeutic efficiency in the use of the bromides is often as dependent on the avoidance of untoward effects as on the attainment of maximum physiologic activity. For this reason Peacock's Bromides offer the most satisfactory bromide therapy, for not only does this happy combination of carefully selected bromide salts insure all the benefits of the most active bromide preparation, but it does so with the great advantage that gastric disturbance and all tendencies to bromism are reduced to a minimum. This is why in "particular cases" so many physicians are in the habit of insisting on the use of Peacock's Bromides.

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## Selections

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**CIRROID ANEURYSM TREATED BY THE DIRECT APPLICATION OF BOILING WATER:—**The following is the record of a case of extensive arterial angioma (cirroid aneurysm) of the right temporal and parietal regions in which coagulation of the blood and vascular occlusion were effected by the direct application of water at a high temperature.

Charles J. Meilke, 26; connected with the United States Army Medical Service, Second Division, Field Hospital Company No. 3, El Paso, Texas, consulted me at the Polyclinic Hospital, December 1, 1914, with the following history:

In 1906 he was thrown from an automobile, striking with considerable violence upon the right temporal and parietal

region. Although the scalp was scraped and severely bruised, there were no symptoms of fracture of the skull, and the patient recovered promptly from the immediate effects of the accident.

In 1908, he first noticed an abnormal throbbing sensation in the temporal artery, near the zygoma. This gradually increased, until the forehead and a large portion of the right parietal region was a mass of tortuous arteries, in which a distinct aneurysmal bruit and fremitus were present. The patient informed me that Dr. Bannister, U. S. A., referred him to the Mayo clinic, and that an operation was not deemed advisable.

On December 7, 1914, at the Polyclinic, the field of operation was made analgesic by free infiltration with one-half per cent novocain, and about one-fourth of the vascular area was coagulated by boiling water and steam subdermally administered. In order to maintain the necessary degree of heat (although boiling water was placed in the steel syringe) after the needle was introduced, a candle was held under the barrel, until the noise of escaping steam could be distinctly heard beneath the scalp. The patient complained of no sense of pain. This procedure was repeated on three other occasions, with an interval of two days, until the mass was solid and pulsation absent. He was discharged, cured.

So far, since I introduced this method of treating angiomata in 1902, it has been uniformly satisfactory in a very considerable number of cases of arterial and venous angiomata. —*John A. Wyeth, M.D., in N. Y. Med. Record.*

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DIET IN PATIENTS SUFFERING FROM GASTRIC DISTURBANCES, AND POINTS IN GASTRIC ULCER:—1. Von Noorden demonstrated the fact that the intestine will vicariously perform the work of the stomach in conditions in which the secretion of the latter is lost. The point to be borne in mind is that even in cases in which the secretion of the stomach is lost entirely, the intestine may assume this function of the stomach.

2. In those cases in which it is necessary to spare the stomach, as when food cannot be digested or is vomited, either predigested foods may be utilized or foods may be administered through channels other than the stomach.

3. The following rules for eating should be carried out:

(a) Food should be thoroughly masticated; this is especially important in those cases in which there are marked gastric disturbances.

(b) The meals should be taken at regular intervals and in moderate quantities, according to the nature of the gastric disease.

(c) The temperature of the food is also an important factor in the treatment of gastric disturbances; as Uffelmann has pointed out, the food should be taken at a temperature between 98° and 100° F. The ingestion of very hot food is believed to be a frequent cause of ulcer and, as Mayo has recently pointed out, a factor in the production of cancer of the stomach. On the other hand, Wegele attributes the dyspepsia of many Americans to the taking of ice-cold water and other solid drinks.

(d) The question of rest or exercise after eating is one that is of considerable importance to those suffering from gastric disturbances. It is generally admitted that violent exercise should not be indulged in after eating.

From my own observations, it appears that in conditions of gastric disturbances accompanied by increased or decreased acidity, and in muscular disturbances of the stomach, the gastric digestion is improved during rest, but impaired by sleep after meals.

Among the special forms of treatment recommended in gastric disturbances may be mentioned the rest cure, first devised by Weir Mitchell. This treatment is especially useful in cases of nervous stomach disorders. It is also useful in the treatment of ulcer, gastritis, and other conditions. The rest treatment in gastric disorders should be carried out for a period of from six to eight weeks. The patient should be confined to bed a large part of this time and given

a varied diet, food being supplied every two or three hours. Boas advises that instead of the large quantities of milk usually prescribed, the patient will do better if given  $\frac{1}{2}$  to 1 liter of cream daily in portions of 150 to 200 C. In addition to the protein food he advises a diet rich in carbohydrates and fats. Constipation may be overcome in most instances by the addition of such foods as honey, preserves, buttermilk, kumiss, and kefir. The results that follow this plan of treatment are often marvelous. In referring to the question of diet, I cannot pass by this subject without touching upon the question of the use of Bulgarian buttermilk, of recent introduction in America, but long used in the Orient. The importance of this form of milk, and its high nutritive value, was first recognized by the Bulgarian physician, Grigoroff, and more recently by the French physicians. It contains three forms of bacteria, the most important one being the *bulgaricus*, causing the acidulation of the milk. The organism produces a fermentation of the sugars and causes the coagulation of the milk, forming lactic acid. The Bulgarian buttermilk is exceedingly digestible, due to the fact that its casein and albumin are rendered soluble. Metchnikoff ascribes a life-prolonging effect to this milk, due to the fact that in Bulgaria, where this form of milk is employed as a regular article of diet, there are many individuals above 100 years of age.

There can be no question but that the decomposition effect in the intestine is favorably affected by the Bulgarian milk. Tablets containing the Bulgarian bacilli are detailed by various pharmaceutical establishments and have been highly recommended. Another food employed in recent years to a very large extent in the treatment of gastric disorders is olive oil. This substance has been most satisfactorily used in the treatment of ulcer and other gastric disorders, and is of great value both as a food and as a remedy.

In this connection I must call your attention to an oil recommended in the last few years by Lane—paraffin oil, a mineral oil, which is now very largely employed with most

beneficial results in the treatment of intestinal stasis. This oil is not a food, however, as it passes unchanged through the intestinal tract.

Certain advances have been made in the medical treatment of ulcer of the stomach in the past few years. According to the older plan, the Leube treatment was almost constantly followed. This consists of placing the patient at complete rest in bed for fourteen days or more, upon liquid diet mainly of milk. Upon such a diet the patient frequently loses much flesh as well as strength.

On this account Lenhartz cautions against the strict abstinence diet in the treatment of ulcer of the stomach, even in those instances in which there is hemorrhage. He bases his conclusions on the fact that since ulcer of the stomach is most frequently accompanied by superacidity and also by an enfeebled condition, it is best to give protein food early to overcome the acidity as well as to build up the system.

In the Lenhartz cure, absolute rest in bed for at least four weeks is maintained. An ice-bag is placed on the abdomen, and left on more or less continually for two weeks. On the first day, even though there be hematemesis, 200 Cc. of iced milk are given in teaspoonful doses together with two raw, ice-cold, beaten-up eggs.

The eggs are beaten up with sugar, and they are kept cold by placing the cup containing them in a dish filled with ice. The milk is increased every day 100 grammes, and one additional egg added; on the ninth day the patient is given 1 litre of milk, and the quantity is not increased; on the sixth day raw scraped beef is added, and the quantity is doubled on the following day; on the seventh and eighth days the patient is given some well-cooked rice and zwieback (softened); and on the tenth day raw ham and butter.

Oniy recently Sippy has evolved a method of treating peptic ulcer which seems likely to replace all other methods of treatment. The treatment consists in protecting the ulcer from the acid corrosion until it has healed, by shielding it from the corrosive effect of the gastric secretion.

He accomplishes this by maintaining a neutralization of all free HCl from early in the morning until late at night. This is effected by frequent feedings and the use of alkalies given frequently. The patient remains in bed for three to four weeks. Three ounces of a mixture of equal parts of milk and cream are given every hour from 7 A.M. to 7 P.M. After two or three days soft eggs and well-cooked cereals are gradually added until in ten days the patient receives 3 ounces of milk and cream mixed every hour, three soft-boiled eggs and 9 ounces of a cereal each day. Cream soups of various kinds, vegetable purées, and other soft foods may be substituted now and then as desired. Powders of magnesia and soda and bismuth and soda are given between the feedings to neutralize the acid secretion. The details of the treatment can be found in a recent number of the *Journal of the American Medical Association*.

I have been employing this method in the treatment of a large number of cases of peptic ulcer with most gratifying results.—*Julius Friedenwald, M. D., in Therapeutic Gazette, February, 1916.*

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**TREATMENT OF PUERPERAL ECLAMPSIA:**—As to treatment there is a division into two great forces, the one advocates active interference, the others stand for an expectant plan coupled with elimination and medications.

The albumenuric patients who come to us early in their pregnancy rarely respond to diet, hot baths and purgation, especially when subjective symptoms are mild, the urea is normal or not far from, the quantity of albumen little, with skin active and blood pressure not excessive. This class of patients should, however, be warned to follow a salt-free, restricted diet and occasional calomel purge, and should be especially guarded during the rest of the term.

The explosive cases, which are more apt to occur after viability, are the most dangerous and require heroic measures. If convulsions have not set in, absolute rest, lavage of the stomach and rectum, morphine, chloral, calomel, star-



vation or a strictly milk diet may convert the case into one of favorable outlook.

If, however, the above treatment makes no impression, early delivery by induced labor is indicated. This may be done by catheter, bags or digital.

Most writers seem to agree that if convulsions have set in, emptying of the uterus at the earliest possible time is indicative, though the fatality of eclampsia does not depend so much on the pressure or number of convulsions as much as it does the degree of toxicity. The cardinal signs by which we judge the toxicity are: quantity of urine, highly bloody urine, absence of lucid intervals between convulsions, high pulse-rate, *i. e.*, 120-plus.

Fortunately labor often sets in simultaneous with first convulsions so that manual dilatation, catheters or dilating bags readily finish nature's attempts. Morphine or chloral may be used for restlessness while ether, nitrous oxide or gas may lessen the severity of the convulsive seizures when exhausting. Venesection in plethoric patients and drawing of ten to fifteen ounces when high blood pressure, though some prefer to do this after delivery.

There is another class of patients in which we have a darker outlook. The uremic symptoms have come on suddenly, the convulsions are frequent and severe, there is no lucid intervals, coma is deep and lasting in spite of blood letting, eliminative treatment and attempts at medications. If these cases are under seven months and cervix not too rigid, Vaginal Cesarean section is probably of choice or forcible dilatation and version.

If primipara is in last few weeks of time, cervix long and rigid, in order to be delivered in least possible time with least trauma Abdominal Cesarean is often the choice.

Williams, DeLee and Edgar all place mortality at 20 per cent. Fetal mortality at 20 to 50 per cent. All are believers in accouchment forcé or immediate delivery.

Stoganoff, of St. Petersburg, reports 360 cases personally treated with a mortality of 6.6 per cent. His treatment

consists of irrigations, lavage, chloral per rectum in large doses, and morphia. Six hundred other cases have been reported by other Russian physicians with same treatment with a mortality of 8 per cent.

The writer in his limited experience has had seventeen cases under personal observation. In only one was accouchement forcé employed, and this, too, is the only one that died, so I find myself evidently a member of the class which believes in conservative or expectant treatment. All cases were made hospital cases from the start. Eliminative treatment immediately started and chloral in large doses per rectum. Have always resorted to slow, careful, manual dilatation and bags.

Earliest possible natural delivery without undue disturbance to patients seems to be obtained by thorough dilatation immediately after convulsions when patient is still under ether anæsthesia. Also colonic return—flow sodium bicarbonate irrigations, or flushings followed by Murphy drop method.

Nitrous oxide will probably take the place that chloroform and ether has had in the past for the control of convulsions.

The Dublin method of treatment is quite generally employed in Europe, *i. e.*, the swing is away from rapid dilatation and delivery. Eliminative treatment and medication in all its forms are employed, letting labor establish itself with little or no assistance.

The tendency among American obstetricians is toward early emptying of uterus, Vaginal Cesarean being especially favored.—*F. O. Sundin, M. D., of Los Angeles, in Southern California Practitioner.*

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PROPHYLAXIS IN MIDDLE AGE:—In view of what has been done in the reduction of infant mortality by instruction in the rules of hygiene, it seems strange that a vastly more valuable part of the population, whose deplorable situation we now wish to consider, should be so neglected. The

United States census, from the scientific standpoint, and the actuarial departments of the life insurance companies, from the commercial standpoint, have determined with great certainty that there has been a decided increase in the mortality of men between the ages of forty-five and fifty-five. The recording of blood pressure observations on an extensive scale is of too recent date to have definite scientific value in settling the causes of this recently increased mortality for this decade of life, but the diseased conditions which contribute mainly, if not solely to this increase (diseases of the heart, blood vessels, kidneys and brain), together with the clinical phenomena exhibited in certain classes of the population and familiar to every practitioner in general practice, point with unerring finger to ignorances, indiscretions and positive vices in the matter of food and drink among the business and professional classes; in other words, to an excess of albuminous food and an excess of alcoholic drink, indulged in by that part of the population which should know better, but, unfortunately, has never been instructed in what to them would have been the most important department of knowledge.

Proud in its knowledge of what it has done for infancy, the profession seems almost indifferent to the wastage of middle-age life that it sees going on all about it. Reduction of the meat ration comes only after a high tension pulse, an accentuated aortic second sound and a displaced apex beat testify to permanent changes in the cardiac vascular system; and the monotony of a milk diet for nephritis supplants what should have been a prophylactic, properly balanced ration that any person with a modicum of knowledge and a reasonable degree of common sense would have adopted to keep his internal arrangements safe from undue wear and tear.

There is not the shadow of a doubt but that the great majority of these middle-age men desire to live to reasonable old age in reasonable comfort. It is true that there

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**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

are a certain proportion of fools who will satisfy their vulgar appetites regardless of consequences, but, fortunately for the stability of the nation, these are in but a small minority. Most of these men, therefore, who are dying annually in great numbers are dying in sheer ignorance, a fact which is a disgrace to our educational system and a hollow mockery of the alleged efficiency which has been so boastfully introduced into manufacture, commerce and the professions.

In the present condition of things the medical profession is the sole repository of the knowledge that should be widely diffused throughout the community—the knowledge of what is really proper human food, of the balanced ration, and of those things that are not fit either to eat or to drink. And until the curricula of the elementary and high schools include the science of nutrition it is a national duty incumbent upon the medical profession to impart the ascertained facts to their patients and friends as the most important department of preventive medicine almost universally necessary and a part of national preparedness against decadence or disaster.—*Cin. Lancet-Clinic.*

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**DURATION OF SMALLPOX IMMUNITY AFTER SUCCESSFUL VACCINATION:**—Dr. William H. Park of the Research Laboratory of the Department of Health has recently reported the results of investigations into the duration of smallpox immunity conferred by successful vaccination. This may be determined in two ways: (1) By observation of those who after being successfully vaccinated are exposed to smallpox, and (2) observing the duration of immunity to vaccination with vaccine virus. Although the inspectors of the Department of Health occasionally meet with persons who can be revaccinated successfully at the end of six months, investigations have shown that 14 to 28 per cent of persons are susceptible to revaccination at the end of one year, 50 per cent at the end of five years, and 85 to 89 per cent at the end of ten years. When vaccine of high potency

is used 99.9 per cent of persons who have never been vaccinated previously will "take." Vaccinated persons are susceptible to revaccination before they lose their immunity to smallpox, as the rubbing in of vaccine virus is a much more direct inoculation than the breathing in of the infected air. The experience in this country during three years, as to the time after vaccination that smallpox has developed in those previously successfully vaccinated may be taken as a reliable indication of the length of the immunity. Statistics issued by the United States Public Health Service, for three years ending last June, show that in 6,312 cases of smallpox which were carefully investigated, only 79 patients had been vaccinated within seven years preceding the attack, while 3,386 had had their last vaccination more than seven years previously, and 2,839 had never been vaccinated. In 18,953 cases reported to the public health authorities, but not investigated, 798 were said to have been vaccinated within seven years, and 1,632 more than seven years preceding the attack, while 16,523 had never been successfully vaccinated.

The shortest period of immunity which has been conferred by vaccination in the experience of the Department of Health is nine months, but in the literature three cases have been reported of even shorter duration, one of one and a half months, one of four months, and one of six months. Dr. Park states that while it is well known that an occasional individual responds only slightly to immunizing agents, this lack of response is, fortunately, in the case of smallpox vaccination, never absolute, although the degree of immunity established varies with the individual. The mass of statistics now available on this subject indicates that it is wise for anyone exposed to smallpox to be vaccinated, if a successful vaccination has not been obtained within nine months. The general population should be vaccinated about every five years when smallpox is at all prevalent, and even when the disease is absent it is neces-

sary that all persons be vaccinated in infancy and again in childhood so as to keep the population moderately immune.—*N. Y. Med. Record.*

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PASSING AWAY:—Take a walk through any of the cemeteries throughout the country and you will believe with us that fools are slowly but surely passing away.

With silent tread you pass the last resting place of the individual who blew into a loaded gun, the white tombstone of the hired girl who lighted the fire with kerosene, and the grass-carpeted mound that covers the mortal remains of a boy who took a mule by the tail.

The tall monument of the man who didn't know it was loaded overshadows the dugout of the man who jumped off the cars to save a ten-rod walk.

Side by side lie the remains of the ethereal creature who always kept her corset laced up to the last hole and the intelligent idiot who rode a bicycle nine miles in ten minutes.

Here reposes the young doctor who took a dose of his own medicine and the old fool who married a young wife.

Right over yonder in the northwest corner, where the gentle breezes sigh through the weeping willow that bends over his lowly bed, lies the fellow that told his mother-in-law she lied.

Down there in the potter's field, with his feet sticking out to rude blasts of winter and blistering rays of summer's sun, is stretched all the earthly remains of the misguided regulator who tried to lick the editor, while the broken bones of the man who wouldn't pay for his paper are piled up in a corner of the fence.

Over by the entrance reposes the boy who went swimming too early in the season, and the old lady who kept strychnine and baking powder side by side in the cupboard.



Right there in the path directly in front of the entrance, obstructing the way, is the grave of the microbe-killer who rinsed himself inside and out with antiseptic solutions until his agonies were cut short by acute softening of the brain.

The fool-killer gathers them in, one by one, and by and by we will have a pretty decent world to live in.—*Exchange*.

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**SODIUM BICARBONATE IN HAY-FEVER:**—In the *New York Medical Journal* of August 21, 1915, Kellogg reports on this topic.

The writer's case-records show a series of fifty cases of hay-fever, covering a period of three years. The first patient presented a general acidosis with a mild and transient glycosuria; the second high specific gravity of urine with a marked acidity. Acting on the theory that the general condition served as a primary cause by reason of certain irritating qualities of the blood, making the mucous membranes hypersensitive, the writer gave both patients sodium bicarbonate in drachm doses three times a day. Such a marked relief from the rhinitic symptoms followed that he felt justified in administering the same treatment to the remaining forty-eight.

Reviewing the records, he finds that ninety per cent of the patients enjoyed a marked amelioration of symptoms, and seventy per cent complete relief after a few days' treatment; the remaining ten per cent were not as markedly benefited, although they all seemed to show some improvement.

The improvement of the local symptoms seemed to be independent of the exciting cause. Some suffered from the inhalation of cottonwood; some of ragweed; some of wild rose; others of goldenrod, and a few presented precedent lesions of the nasal interior. The alkali acted nearly the same in the majority of cases regardless of local or general conditions. It appeared to have a desensitizing action

upon the mucous membranes. Possibly it may have also had some influence in keeping the toxins of the pollen from becoming soluble.

In three cases he found it necessary to supplement the treatment by the administration of a nasal spray of sodium bicarbonate solution. Regarding the effect the alkali may have upon the anaphylaxis or the allergic phenomena, he is unprepared to speak. The fact remains, however, that at least marked relief was given in a goodly number of cases, and for this reason he feels justified in reporting them.

---

GLUCOSE AS PROPHYLACTIC OF SHOCK:—A. C. Burnham advocates the administration of glucose solution as a routine measure after every operation in which there is reason to fear more than the ordinary amount of postanesthetic shock; it should be given in every case in which post-operative oral feeding may be difficult or insufficient for a considerable period after operation; it should be given as an emergency measure either before or after operation for the relief of an existing or threatened acidosis. Kausch has recommended 7 per cent solutions intravenously and 4 to 5 per cent solutions by hypodermoclysis. Solutions should be freshly prepared and sterilized, as they become more easily contaminated than does the ordinary saline. Strictly speaking, contamination is as easy in one as in the other, but owing to the fact that glucose is an excellent culture medium, accidental contamination is of more consequence than in the case of common salt solution. Following the use of glucose by hypodermoclysis there is no more pain or discomfort than after the injection of physiological salt solutions. As much as two or three liters, representing from 90 to 210 grams of glucose, may be given during twenty-four hours, the amount depending on the character of the case and the urgency of the symptoms. In addition to the hypodermic administration, glucose may be given by proctoclysis during anesthesia and for a period of several days after operation. It is given in 5 per cent solution,

dissolved in ordinary tap water, 12 to 16 ounces being introduced during the operation, and its administration continued by the Murphy drip method, after the patient has returned to the ward.—*American Journal of the Medical Sciences*.

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IS THE A. M. A. AUTOCRATIC?—Word comes of the necessity or reorganization of the A. M. A. The Supreme Court of Illinois has so declared. It has some aspects of a brush. That the methods and rulings and tendencies of the association has not met the general approval of the medical profession goes without saying. It cannot be denied. The necessity of organization is recognized, the desire for it is universal, but—cannot it not be more democratic in tenor? The prominent tone primarily of the association was one of education, elevating the profession, educating the people to a proper appreciation of the medical profession. In the opinion of many the attitude, in recent years, of the association has been somewhat Czarish. The decisions of the council have not met general approval; the decrees of certain ruling spirits have been just a little oppressive concerning school matters, journal relationship, opinions of individuals or of medical societies not affiliating with the A. M. A. There is a little tendency to force matters to meet the dictates or opinions of some officers of the association, to such a degree as to dwarf the individuality of members or societies or to jeopardize the very existence of independent journals. This tendency toward the trust aspect of the association cannot continue without impairing the good fellowship and *esprit de corps* of the profession, nor is it approved by the profession at large. It is to be hoped, in the reorganization, much of this unfortunate leaning toward the autocratic may be eliminated, and the hand of good fellowship and unity of purpose between the rank and file of the ruled and the ruler be maintained. May the gulf between the directors' room and the members be entirely eliminated.—*J. M. B., in Med. Herald*.

**AN EFFICIENT DISINFECTANT:**—Albert F. Stevenson, sanitary chemist, hygienic laboratory, U. S. Public Health Service, recommends the following as an efficient disinfectant for household or public use: Pine oil 1,000 (35.3 ounces by weight); rosin, 400 (14.2 ounces); 25 per cent solution of sodium hydroxide, 200 (7.1 ounces). This will make approximately 1,500 c.c. or 1.6 quarts of disinfectant. The pine oil and rosin are heated together in a covered enameled ware pail until the rosin is all dissolved. The mixture is cooled to 80 degrees C., the sodium hydroxide solution added, and the liquid violently stirred or beaten for at least ten minutes with a rotary egg beater. Sufficient water is added to make mixture to the original weight. The preparation is then cooled quickly by placing the pail in cold water. It is stored in glass or metal containers till used. This disinfectant may be used wherever the ordinary coal-tar compounds are used. It has a much more pleasing odor than the coal-tar compounds, and can be used where these products, on account of their odor, are not practical. It will not attack fabrics or metals and is recommended for the disinfection of all articles used in the care of contagious diseases. It has not a displeasing taste, and has been used with success as an antiseptic throat spray and tooth and mouth wash. It can be used in any dilution up to 1:500. It has hygienic laboratory phenol coefficient of between 4 and 6.—*Public Health Reports.*

**NOVOCAIN:**—While novocain is proving a safer local antiseptic than cocaine, a Leipsic writer claims, that after a long observation he has found between 5 and 10 per cent of the patients to suffer afterwards from irritation of the kidneys. Albumin would appear in the urine within a few hours and would remain for at least two days. In many cases the secretion of the urine was irregular and sometimes scanty. The quantity used or the location of the injection would not seem to make much difference. These patients would suffer from vomiting after the operation if

it was at all extensive, the vomiting being sometimes delayed two or three hours. He would not find the blood pressure affected by the remedy. Consequently, this condition was not to blame for the albuminuria.

This suggestion will be an important one to those of our readers who are preferring this agent for local anesthesia. It, however, need not be a serious objection if the albuminuria is only temporary. However, I have always advocated that no condition that induced albuminuria could be brought to bear on the patient without leaving some permanent traces. It is more than likely that it will be found that while this condition must be watched, especially in susceptible patients, in previously healthy patients it need not be feared.—*Ellingwood's Therapeutist*.

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BEWARE OF SPURIOUS ASPRIN AND NEOSALVARSAN:—According to a circular letter sent to the Department by the Bureau of Chemistry, United States Department of Agriculture, considerable quantities of spurious aspirin and neosalvarsan are being peddled around in a way that makes it difficult to find interstate shipments. The spurious aspirin is a mixture of either calcium acid phosphate and starch, cream of tartar and citric acid with some alum, or milk sugar, starch and calcium acid phosphate. The neosalvarsan consists of common salt with naphthol yellow S.

While the Department of Health has notified the drug trade to be on guard against these vicious frauds, it is clear that this warning affords absolutely no protection against certain unscrupulous druggists more interested in the size of their profits than in the welfare of the patients for whom these drugs may be prescribed.

We suggest that physicians who have reason to believe that substitution has been practiced in prescriptions ordered by them send a sample of the medicine, together with a copy of the prescription, to the Department of Health for examination.—*Cleveland Medical Journal*.

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EDITOR AND PROPRIETOR

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## *Original Communications.*

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### AERONAUTICS AND AVIATION\*

BY D. J. ROBERTS, M.D., NASHVILLE, TENN.

From the days of royal Daedalus, whose mechanical genius, according to Grecian Mythology, is clearly celebrated in the poetic fiction of flying safely over the Aegean by means of wings which he himself had made, until this first day of April, 1916, the mental and physical efforts of mankind have from time to time been interested in aeronautics and aviation; and although well-nigh miraculous results have been attained, beginning with the crude efforts of the Montgolfiers in the latter part of the 18th century and including the marvelous accomplishments of the Wright brothers, *et id omne* genus, and their followers of recent days, the key to a correct, safe and sane solution of the problem of aerial navigation has not yet been forged.

While the suggestions in this article are not all original, yet having principles founded principally on the sciences of Chemistry and Physics, important fundamentals of Medical lore, is the excuse if any be needed, for using the means of a medical medium for their ventilation, more especially

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\*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, March 28th, 1916.



as all Doctors of Medicine are expected to know something of these sciences, and some of our most eminent and progressive chemists have received their initiation in a Medical College.

The most successful results of the Montgolfian followers are to be found in the German Zeppelins of to-day; while to the exponents and investigators of the Wright school can be attributed the monoplane, the biplane, and the hydroplane now in use by the "*entent allies*" and elsewhere. The former depending on overcoming the specific gravity of man and his "*impedimenta*" by a large volume of a very light gaseous element or compound contained—or rather retained in a very light but sufficiently strong and non-leakable envelope.

The germ of the invention of balloons is in the discovery by Cavendish in 1766, of the remarkable lightness of hydrogen gas, then called "inflammable air." Professor Black of Endiboro seems to have been the first to suggest that a light envelope containing the gas would rise of itself; but Dr. Monro, Professor of Anatomy in the same renowned school, to whom he applied, failed to procure a thin animal membrane for the experiment. Corvello, in 1772, filled hogs' bladders and paper bags with hydrogen, but the one was too heavy, and the other too porous and friable. Ten years later, Stephen Montgolfier, who, with his brother Joseph, were paper-makers in France, made a silk envelope of 50 cubic feet capacity, which filled with what they supposed was a gas lighter than air—but was only air made lighter by the expansion of its volume by heat, which rose to the roof of a room; its most common successor of to-day being the familiar toy fire-balloon. The more practical results of the Montgolfier-Cavendish views being the ordinary balloon and the Zeppelins, for the inflation of which ordinary coal gas or some other less expensive gas than hydrogen gas is used; the outcome, however, as yet being far from perfect, by reason of their great size, rendering them uncontrollable except in periods of perfect calm.

Turning from Aeronautics to the Wright school of Aviation, what do we find? As progressive navigators of the sea devoted much time to the study of fishes, with the resultant development of the steam or sailing yacht of to-day in comparison with the unwieldy ark of Father Noah, the triremes of Greece and Rome or the galleons of Columbus; so the aviators devoted much time to the study of birds in their flight, from the swift sailing swallow to the soaring eagle, including the vertebrate bats, lemurs and flying-squirrels; and to these, together with certain principles of physics as demonstrated in the school-boy's kite and the inverted parasol or umbrella—the parachute, is due the various aeroplanes and hydroplanes of the 20th century; and although the accomplishments along this line are indeed marvelous, perfection has not yet been attained, and the correct key for the solution of the problem is still lacking.

During the "War between the States," captive balloons were first used as a means of observation by the Federal armies to obtain information as to the locality of the opposing Confederate lines, that could not be secured by the regular cavalry scouts and spies, this being either in 1862 or 1863. While serving as surgeon of the "20th Tenn." Infantry regiment, during the 100 days of the memorable and masterly Fabian movements of Gen. Jos. E. Johnston before the advancing hosts of Sherman, from Dalton to Atlanta, over the mess chest and around the camp fire, in the lulls between the storms, Aeronautics was often a subject of discussion and comment, our news and views being largely derived from both Northern and Southern papers, orally and by "grape-vine" despatches. Gen. Thos. Benton Smith,\* now living near this city, an invalid for more than

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\*The invalidism of General Smith was caused by a wound received at the close of the battle of Nashville late on the afternoon of Dec. 16th, 1864. While at the right of his brigade and at the head of his old regiment, his successor in its command, Col. Wm. Shy, who had risen from a private in Company H to the rank of Colonel, having just fallen with a bullet through his brain, his right hand grasping the stock and trigger-guard of an Enfield rifle, which he had been using against the onrushing tide of "blue," the "thin, grey

forty years past, then colonel commanding the "20th Tenn.," often made a suggestion, which is now presented to our readers. Col. Smith having completed his education in the University of Nashville just prior to the opening of the "festivities" of '61-'65, had some knowledge of the Chemistry of that period; and by reason thereof, he asserted that "the only correct solution of aerial navigation would be secured by farther advances in Chemistry."

Said he: "The ancients claimed that there were four elements—Earth, Air, Water and Fire. Now we have over

lines" breaking away on the right and then on the left, the gallant young Brigadier refusing to turn his back on the foe was captured.

While two Federal soldiers were conducting him to the city, having covered about half the distance, two miles from the place of his capture, the party was met by a lastardy major, who, from some lair of safety in which he had been hiding, hearing the vibrating rattle of musketry become fainter and fainter, indicating victory of the Federal Army, had emerged, mounted his horse, and was gallantly rushing to the front to claim his share in the glory.

Meeting the captive and his two guards, he suddenly checked his horse, and drawing his sabre, began cursing and abusing the General, and suddenly struck him a most violent blow on the top of his head, bringing his victim to his knees.

The following is the statement of General Smith:

"Recovering somewhat and rising to my feet, my hat with its cloven crown having fallen to the ground, blood trickling down my face, remembering that the steady gaze of a man would cow the most vicious animal, assuming as erect a position as possible, I looked my assailant square in the face and dared him to repeat the blow—knowing that he could only kill me, and thinking that possibly, my wound would prove fatal.

"One of my guards, both of whom were as surprised as I was, about the same time brought his gun from a 'right-shoulder' to a 'charge,' its bayonet being already in position, cried out: 'Don't do that again, or I will ram my bayonet right through you, even if you do wear shoulder-straps.'"

"At this, the dirty scoundrel lowered his heavy sabre, which he had again raised for another blow, and muttering curses rode on southward down the turnpike. My guards then brought me on into the city, in an ambulance we met after walking a short distance."

The sabre's edge not only cut through the General's hat, but bit deeply a long gash across the top of his head, fracture of the outer plate of the skull being quite apparent when the wound was dressed, the inner plate being more or less depressed, as evidenced by the mental alienation coming on some years later; and thus was wrecked a brilliant intellect, and rendered useless the manly form of the "Boy General," one of the bravest and most gallant soldiers of the "Sixties." I may mention that the trephine was not used so freely then as now.

forty elementary substances; the earth, being a compound, partly solid and partly gaseous and fluid, composed of nearly if not all the other chemical elements. Air is a compound formed by the mixture of the two elements, oxygen and nitrogen; water is a compound resulting from the combination of the elements oxygen and hydrogen; while fire is but the result of a combination of elements or compounds, most commonly of oxygen and carbon—it is but a result, an action or a force due to a combination, termed combustion.”

“Again,” said he, “water weighs one pound to the pint; while the oxygen, one of its component elements is about the same specific gravity as the air; and hydrogen, its other component, is fourteen times lighter than air. Now is *hydrogen an element?* If a compound, and it is subdivided or broken up into two or more elements, is it not possible that one of these may be ten or more times lighter than hydrogen? If so, the solution of the problem is at hand.

“And yet again, it may be some other substance—something even heavier than hydrogen or even water, such an element as we now know as gold, 196.7 times heavier than hydrogen; or lead with its atomic weight of 206.4; bismuth, 208.9; or possibly it may be nitrogen of about the same atomic weight as air, but much heavier than hydrogen, that is a compound with a component element of far less weight than hydrogen.

“Finally, with such an element, 50 or 100 times lighter than hydrogen, you make your vessel with ‘ribs of steel,’ or ‘heart of oak,’ with an envelope of steel, iron, copper, tin, zinc, or aluminum that is impervious to the contained element, and with proper machinery you fly as a swallow or soar as an eagle.”

While I have both read and heard much in the more than a half century that has elapsed since the above statement from my old regimental commander, it was not until quite recently that I came across anything of like character. From the “*Saturday Evening Post*” of Jan. 10th, 1914, I made a

clipping and put it away in a pigeon-hole of my desk. It was headed "*A Lighter Gas*," and is as follows:

"An astronomer's discovery from observations of a recent total eclipse of the sun may make airship traveling a little easier and safer. Studies of the eclipse prove beyond doubt the existence on the earth of a light gas that had long been supposed to exist. It is named coronium, because it appears in the corona of the sun, and its particular claim is that it is much lighter than hydrogen, which has long been used for inflating balloons and airships.

"Not only has it been proved that there is such a gas, but it is pretty well established that there are vast quantities of it about the earth. Getting possession of it, of course, is another matter. Yet the fact that such a gas does exist is the first step, and no scientist would deny the hope that eventually it may be obtained in quantities if desired.

"It is easy to see how a gas much lighter than hydrogen would make airship flight easier and safer than it is now. In order to carry the weight of engines, passengers and envelopes, the Zeppelin airships are of enormous size and carry vast quantities of gas. Their very size has been the greatest element of danger, for their extended surface gives a grip for gales. Bigger engines to fight the gales would require bigger gas capacity, and so on.

"Though some other considerations affect this point, still the fact is largely true that increasing the size of the whole outfit does not satisfactorily solve the problem of safety in gales. On the other hand, if it should be possible to have the same lifting power—the same powerful engines—with even a slightly reduced gas envelope, it is all a gain for safety.

"It has been estimated by one scientist that at an altitude of three hundred miles above the surface of the earth the atmosphere is composed entirely of coronium; and that farther up still the coronium exists, getting thinner as it extends into space.

"At a height of one hundred and thirty miles he estimates

that the atmosphere consists of about equal parts of coronium and hydrogen; and at forty-five miles the coronium is an appreciable part. Nearer the earth there is less and less of this light gas, until at the surface of the earth—if it exists at all—it is only a very minute quantity.”

I regret that the above extract did not go more fully into the subject, or at least give a more definite authority than “An astronomical discovery;” and also, that no reply has been received to a personal inquiry by letter to the Editor of the *Post*. However, there are some facts that I desire to cite at this time. The original elements of the Ancients had been increased more than tenfold by the middle of the last century; the number at the present time, by the advances and progress in Chemistry reaching eighty-five. From the latest table of Chemical elements at hand, some known 50 and 60 years ago, others of a later vintage, I submit a few, giving their respective atomic weights, viz: Hydrogen, 1; Nitrogen, 14.01; Oxygen, 15.96; Gold, 186.7; Lead, 206.4; Bismuth, 208.9; Masrium, 228; Uranium, 238.8; the first three being gaseous, the others metals. To these we add Argon (from the Greek, *argos* inert), 39.8; a gaseous element discovered in 1894, the most inert element known. Neon (*Gr.* *neos*—new), 22; a gaseous element discovered in air in 1898. Krypton (*Gr.* *kryptos*—hidden), 82, a gaseous element found in the atmosphere. Helonium (*Gr.* *helios*—sun), 4, a gaseous element that exists in the sun, the air and various minerals. Finally, Xenon (*Gr.* *zenos*—strange), atomic weight, 0.128, a gaseous element found in the atmosphere.

Some of my readers may say, “Why this dull detail and citation of figures?” From some of the merest suggestions some invaluable and important deductions and facts have arisen, just as “tall oaks from little acorns grow.” It may be that some young man who will matriculate in a Medical College in the good year 1916, may be incited to take up this question, and by earnest and untiring devotion thereto, discover a practical means of developing a “lighter gas.”

The gasoline engine of to-day, or its more perfect successor will do the rest, and the clumsy and unwieldy Zeppelin, together with its more active but more dangerous aeroplane will be relegated to the junk pile, while man and gasoline will ever soar higher and higher, and the Rockefellers can and doubtless will, make the new fledged scientist and latter day discoverer an appropriation of as much one cent per barrel on their annual oil out-put.—*Selah!*

With this citation of facts and theories, a further consideration of the flight of birds, etc., may be apropos. The eagle, the condor, the buzzard and hawks possess in marked degree the ability to soar. As boy and man I have often watched in idle hours the movements of the two last mentioned, poised high in the air. Around and around they go, occasionally ascending and descending, without any apparent muscular movement whatever. On a few occasions, with a good field glass, I have thought that I could distinguish a slight curving or shortening of the left wing of the bird when circling to the left, and vice versa—there certainly could be observed a positive movement of the tail pinions. Furthermore, all these birds of the air, when commencing a flight from the ground, tree or pinacled eminence, use their wings quite vigorously, and it is only after a time, when a considerable height has been attained, that a resort to the gentle, graceful act of soaring is essayed. Of all the flying denizens of field and forest, none are so bountifully supplied with feathers in proportion to size and weight. All feathers have a peculiar, as well as a special and similar construction. The proximal end of each feather or that arising directly from the skin of the bird, with its hard, horny structure is cylindrical; a cylinder being much stronger than the same amount of matter arranged in the form of a solid rod, thus giving it both strength and lightness in highest degree. Each and every feather of each and every bird is identical in this, differing only in size and color. In addition, we find that the interior of this proximal end of each feather is subdivided by a fine and deli-

cate membrane into cells or compartments, containing more or less a peculiar homogeneous, semifluid substance, resembling a solution of gum acacia, but not glutinous or adhesive. Remove a feather from a fowl and in a few days or weeks, this material disappears, evaporates, leaving the thin, diaphanous membrane intact, and containing apparently only air. This membrane or tissue greatly resembles, more so than anything else, the delicate tissue forming the air cells of the lungs of man and animals, the terminals of the bronchioles or smallest bronchial tubes.

Now as the tissue forming the air cells in man and animals has the power of breaking up the compound air, separating its oxygen from its nitrogen, turning the former into the blood-stream for essential use in the tissues of the animal economy, at the same time eliminating from the blood its accumulated carbon in the form of carbonic dioxide, is it not possible or probable that a similar tissue or membrane in every feather of a living bird has a somewhat analogous capability and separates from its tissues and fluids a "*Lighter Gas?*" It may be a component part of a known element, or compound, or a component part of what is now known as an element, the "astronomer's discovery—Coronium, or Zenon, or even Gold, Lead, Masrium or Uranium!"

In addition to lying flat on my back of a summer's day, looking up at a soaring bird, being alike fond of fishes as well as birds, I have laid prone on the precipitious bank of one of our clear, limpid, running streams, such as "*South Harpeth,*" or "*White Oak,*" seeing in its pellucid depths of 3, 5 or more linear feet, a beautiful black bass, or a "red-eye"—a black perch, of say one, two or three pounds weight. From near the sandy, gravelly or stony bed of the stream, without the movement of fin or tail, without the contraction of a single muscle, the "beauty" would gradually ascend nearer and nearer the surface until the back fin would protrude into the air above the surface of the water; and if undisturbed or you did not startle it, gently, but with mo-



tionless fin, tail or muscle as it rose to the surface, would it sink into the pellucid depths?

"Oh, yes"! any boy will exclaim, "He's got a swim-bladder in his insides." Granted, but just what is inside that swim-bladder? It looks like air, but is it air? Is it air in unvarying quantity? If it was only this and *nothing* more, would not the fish be held at one particular depth, unless a change of position was made by the muscular movement of side-fin or propelling tail-fluke? Ah well! we will have to await further developments and advances in Chemistry. So far as tradition and history go, we have waited some 6,000 years to be informed of the Rontgen or X-rays, Radium with its wonderful "*Curious*" properties, to say nothing of the powers of steam, brought to our knowledge by idly watching a tea-kettle; and the stupendous and miraculous action of electricity, as to which we are in our studies, yet in the infant class.

"There are more things in Heaven and earth, Horatio,

"Than are dreamt of in our philosophy."

In concluding my "Springtide" musings and meditations, stimulated by the blustering March winds thrusting the mercury down full forty degrees in less than a single day, in anticipation of the sweet-scented, kindly showers of the coming April days, may we not hope, although our friends and relatives beyond the wide Atlantic are in the grasp of "grim visaged war," and we also are threatened with a like dreadful condition on our Southwestern border; yes, may we not hope, that the day is near at hand, when another Franklin, another Watt or Stephenson, a Caven-dish, a Crooke, or even one of the gentler sex, for *they* are all "*Curious*", with earnest devotion and unremitting study and investigation, may develop or discover a "*Lighter Gas*," and Prussian Hans can exclaim with *Dryden*:

"Three blustering nights, borne by the Southern blast,  
"I floated."

Or, Johnny Crapeaud, gesticulating and with glib tongue, say with *Byron*:

"When *soars* Gaul's vulture with his wings unfurled."  
Or even slow-paced, surly John Bull can mutter and mumble in the words of *Coleridge*:.....

"This apparent *soar* of the hooded falcon."

Ah, yes, indeed!

"Can such things be, and o'er come us like a summer's cloud?"

Ah, yes! Indeed and Indeed—

"From the pounding hammers that know not time,  
From the great steam cranes at play,  
From the hammering lathes and the ceaseless looms,  
Comes the song of progress to-day."

#### RACE BETTERMENT.\*

BY CASPER L. REDFIELD OF CHICAGO, ILL.

If you look at your dictionaries you will see that "to acquire" means to obtain by effort, by exertion, by the performance of work. Hence an acquired character is a dynamic development of an organ obtained by exercising it. A mutilation is not an acquirement. When the tails of mice are amputated, the acquirement is in the muscles of the amputator, not in the mice.

Mutilations are not inherited. If they were, human beings would be little more than heads and trunks covered with scars representing the mutilations their ancestors received. Lamarck told us that long ago, but those who pretend to give us information about his theory appear to be wholly ignorant of the matter. Lamarck also said very distinctly that the action of environment upon the parent had no effect upon the offspring, a fact which shows that the literature about Lamarck's theory is largely rubbish.

The strength or power of organs is developed by exercising them, and such a development is strictly an acquirement. In acquiring development by exercise, time is an element. A man who goes into a gymnasium acquires more

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\*Abstract from an address delivered February 2, 1916, before the Medical Society of Chicago.

development in a week than in a day; more in a month than in a week; and more in a year than in a month. Similarly, a man who performs mental labor gains more mental development in ten years than he does in one, and more in twenty years than he does in ten, and so on as long as mental development is a possibility.

If an acquired development is to be inherited, the parent must make the acquirement first and get the offspring afterwards, not get the offspring first and make the acquirement afterwards. A rational consideration of that fact makes it evident that it is necessary to take into consideration the age of parents in any investigation involving the inheritance of acquirements. This I have done for many hundreds of eminent men and have published the results. Those results show that eminent men are usually produced by old fathers, and always by slow breeding extending over a century or more of time. The fact that the age of parents affects the quality of the progeny is now acknowledged, even by those who balk at the interpretation of that fact.

The number of individual pedigrees of men, horses, dogs and cows which I have investigated and published now amounts to thousands, and they all show the same results. But it has been charged that I have used selected cases to support a preconceived theory, and have failed to give the facts in regard to contrary cases. The charge that I have given no contrary cases is true, and the reason it is true is because there is no such thing as a contrary case to be given. Doubt it? Well, I have deposited \$1,000 with the American Genetic Association of Washington to be paid out at their discretion when contrary cases are produced. This is divided into five sections.

1. A prize of \$200 if it can be shown that an intellectually superior man was ever produced by breeding at the rate of four generations to the century.

2. A second \$200 if any very great man (intellectually) was ever produced by breeding at the rate of three genera-

tions to the century. (The average for three generations is about ninety-seven years.)

3. A third \$200 if improvement ever occurred in any kind of an animal when the amount of acquirement per generation for three generations was below the average or standard for the breed.

4. A fourth \$200 if a decline in powers ever failed to follow acquirements below the standard.

5. A fifth \$200 if there could be found any group of animals in which the improvement or decline in animal powers was not proportional to the amounts of acquirements in previous generations.\*\*

This challenge is based squarely and unequivocally on the inheritance of acquirements, and the appeal is to facts of record. If those who deny the inheritance of acquirements have any foundation for their statements it will not be necessary for them to do any work to capture that money. All they will need to do is send in their evidence and make their claim. If they do not do so promptly, the public will have no difficulty in understanding the reason why. It will be either because they have never investigated the matter and know absolutely nothing about it, or because they have misrepresented the results of their investigations. In either case their statements are worthless.

A horse-power derived from a horse does not differ in any way from the horse-power derived from a steam engine. They are the same thing and do the same work. The result of a mathematical calculation performed by the human intelligence does not differ in any way from the result of the same calculation performed by a calculating machine driven by a motor. Modern automatic machinery performs many things ordinarily performed by the human intellect and the human hand. A man can move and think only because of heat units derived from food. The germ can exist

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\*\*Details of the offer may be had by applying to the American Genetic Association, Washington, D. C., or to C. L. Redfield, 525 Monadnock Block, Chicago, Ill.

and go into the reproductive process only because of the heat units it receives. Heat units are the source of mechanical energy.

That energy which enables an animal to move, and that energy which is the human intelligence, is the same thing as the energy which drives the steam engine, the water wheel and the wind mill, and *is governed by the same laws*. My offer of \$1,000 is based squarely upon the soundness of those laws and their application to the physical and mental energy in animals. Will the American Genetic Association officially declare that the laws relating to energy are not valid?

The first of these laws is that while energy may be put through many transformations, it can neither be created nor destroyed. This is known in science as the Conservation of Eenergy.

The second law is that energy left to itself normally dissipates, and can be concentrated only by the performance of work. Science knows this as the Dissipation of Energy, and upon it is based a hypothesis that the universe is a system running down.

We have an example of the operation of the second law in ordinary life. A man gains strength by exercise, and loses it by idleness. If the gain by exercise, physical or mental, is not carried over by heredity to the next generation, then evolution from a lower to a higher stage is nothing else than a continuous series of special creations. The Garden of Eden story had special creation completed in one act. The denial of the inheritance of acquirements necessarily involves the doctrine that special creation still continues and is ever present in the reproductive process. The improvement in the American trotter during the past century involves either special creation or the inheritance of acquirements, and not otherwise can that improvement be explained.

Will the American Genetic Association officially declare that evolution is in fact a series of special creations?

## Reviews and Book Notices

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**VENEREAL DISEASES.** A Manual for Students and Practitioners. By James R. Hayden, M.D., F.A.C.S., Professor of Urology at the College of Physicians and Surgeons, Columbia University, New York; Visiting Genito-Urinary Surgeon to Bellevue Hospital; Consulting Genito-Urinary Surgeon to St. Joseph's Hospital, Yonkers, New York. 12 mo., 365 pages, with 133 illustrations. Cloth, \$2.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The fact that Hayden's work on venereal diseases has passed through three revisions since it first appeared is in itself sufficient evidence of its popularity and merit. The new fourth edition will undoubtedly maintain the reputation of its predecessors. It has been carefully revised and considerably enlarged. The subject matter has been brought fully up-to-date and the addition of numerous illustrations, for the most part showing the author's own cases and methods of treatment, has greatly enhanced the value and interest of the work.

Dr. Hayden covers the subject of venereal disease in a very clear and concise manner. Of the thirty-six chapters in this book he devotes eighteen to the discussion of *Syphilis* in all its phases, giving explicit directions both as to diagnosis and treatment. Nine chapters are given to the discussion of *Gonorrhea* and nine to other forms of venereal diseases. This allotment of space is in proportion to the importance and significance of the subject matter.

The general practitioner will find in Hayden adequate guidance for the care and treatment of any form of venereal infection which he may meet in practice; the student of medicine will find in his book a clear and precise presentation of accepted facts and proven practice; the specialist will find it valuable as a manual for ready reference.

**SOCIAL TRAVESTIES AND WHAT THEY COST.** By D. T. Atkinson, M. D.,  
8 vo. Cloth, pp. 152. Vail-Ballou Co., Publishers, New York,  
1916.

From our great Southwest comes a book of importance to those interested in Social Welfare and Improvement. The author claims that he has no panacea to offer, but he has attempted, in the limited space offered by this little volume, to outline some of the causes of inherited disease as well as some suggestions through which, he believes, these causes may at least be modified.

After an Introduction of twelve pages, the following subjects are carefully considered: Conventional Prudery and Its Results, The Price We Pay for Ignorance, Innocence the Burden Bearer, The Relation of Social Diseases to Environment, Potent Reasons for Harmful Social Conditions, Unwholesome Social Standards and Diseases, The Ounce of Prevention, The Franchise for Women and its Relation to Social Reform, and The Promise of Economic Responsiveness. Important instruction in sexual hygiene is a marked feature of the book.

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### ***Records, Recollections and Reminiscences.***

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#### **ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERATE STATES**

*The Twenty-sixth Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederate States will be held at the Tutwiler Hotel, Headquarters of the United Confederate Veterans, Birmingham, Alabama, May 16, 17 18, nineteen hundred and sixteen. All who are members or are eligible to membership are cordially invited and earnestly urged to call at place of meeting immediately on reaching Birmingham.*

*Inasmuch as a large amount of business of unusual character will require attention the members are earnestly requested to be present if possible. All practitioners of medi-*

*cine who are eligible to membership are invited to be present and become members of the Association.*

*The new Constitution will provide, in part as follows: That the name of this association shall be—"The Association of the Medical Officers of the Army and Navy of the Confederate States."*

*That the objects of the Association shall be to collect all data possible relating to the Medical Departments of the Army and Navy of the Confederate States; to ascertain the military records of all the Officers and prepare a Roster of the same; to honor the memory of its deceased members; and otherwise, not already mentioned, to perpetuate the history of the said Departments and of this Association.*

*That the membership of this Association shall consist of Surgeons, Assistant Surgeons, Acting Assistant Surgeons, and Chaplains of the Medical Departments of the Confederate States, and also those who served in the Army or the Navy as soldiers or sailors, not then medical officers, but who after the war became regular practitioners of medicine, in good standing; and all regular practitioners of medicine, in good standing, who are the sons and grandsons of those who served in the Confederate Army or Navy.*

*The business of the Association to be attended to at this meeting will be, in part:*

*That no discussion of politics or religion shall be permitted at any meeting of the Association.*

*Report of the Proceedings of the Annual Meeting at Richmond in 1915.*

*Report, Committee on Monument to Surgeon General Samuel Preston Moore and his able Assistants; the Medical Departments of the Confederate States, and the Women of the South.*

*Report, Committee on a new Constitution of the Association.*

*Report, Committee on Rosters of the Army and Navy of the Confederacy.*

*Report on the valuable Records of Medical Director of Hospitals, Samuel H. Stout, of the Army of the Tennessee.*



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*Samuel E. Lewis, M.D., Secretary-Treasurer.*

*1418 Fourteenth St., N. W., Washington, D. C.*

*March 15, 1916.*

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## **Editorial.**

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### THE HARRISON ANTI-NARCOTIC LAW

This enactment having now been in force for nearly twelve months past, we have carefully studied both as to its enforcement and possibilities. So far we have noticed in the pages of our exchanges only commendation, with an occasional query of slightly meticulous character. Having deferred its discussion until the present, we propose now to consider it briefly from our own personal and individual view-point.

Primarily, however, we claim to yield to no one, professional or lay, in our utter and most sincere abhorrence and detestation of the "dope habit." Early in life we had the opportunity of reading the "Confessions" of Thomas DeQuincy as they appeared in the pages of the *London Magazine*, and although more or less interested; yes, even entranced by his remarkable word-painting, we could but recognize and shudder at the dire thralldom impelled by yielding to the powerful influences of the seductive drug. Furthermore, in subsequent years professional duty has brought us into direct personal contact with men and women, intelligent and intellectual, youthful, of mature age and even of advanced years, alas! only too often a professional confrere, who had become enslaved by its well-nigh irresistible enthrallment, has added no little to our narcoto-phobia and most positive opinion as to the disastrous results of habit-forming drugs—by far the most important being opium and its alkaloids.

With this prefatory statement, after careful deliberation, we are forced to the conclusion that the "act" is a failure. First, it is crude, ill-advised and of hasty development; and notwithstanding that Representative Harrison was several years in securing its passage by Congress, its enactment and approval Dec. 17, 1914, was followed by an official promulgation Jan. 15, 1915, to go into effect March 1st, following. This was an absolute impossibility in the vast domain of the United States, its territories and insular possessions, etc. Think of it! only *forty-four days* to put into effect a law extending over so wide-spread an area. Even in Nashville,

only forty-eight hours distant by mail from our National Capital, having made application for registry ten days prior to March 1st, in order to comply with the law, we were requested by the officials of our Internal Revenue office to call later, which we did one week later, and our name, address and money were taken; but it was not until three weeks subsequent to March 1st, that we were supplied with a registration number, and the official license and necessary blanks; so that we were involuntary law breakers for nearly a month, and we were not alone in this. On calling the attention of the Revenue officials to this fact, we were informed "that the law would not be enforced until the above required essentials were supplied; which now after having in our possession for a year, we do not consider worth the *thirty-four* cents we paid out, to anyone except the revenue collector.

Some months since our excellent contemporary, the *New Orleans Med. and Surg. Journal*, highly commending the act, gave utterance to the following: "Like many of our laws, even national, it seems to have passed without sufficient intelligent preparation, or a forecast of sufficient scope as to its early results. In consequence, it will probably have to be amended and re-amended before it can work with satisfactory smoothness."

2. A ridiculous feature of the act is to be found in Section 2, paragraph (a), further elaborated in Article 10 of the "*Regulations*," which briefly stated is as follows: A physician is permitted to administer hypodermatically, by the mouth, rectum or otherwise, a dose of a narcotic drug—say  $\frac{1}{4}$ ,  $\frac{1}{2}$  grain or more of morphia sulphate, while at the patient's place of abode; but if he leaves one or more doses to be taken at any subsequent time, if needed, or if he gives a dose to a patient who comes to his office, he must keep a record of same for two years, which must contain "the kind and quantity," "the date when administered," and the "name and address of the patient," this to be subject to inspection at any time during the two years. Oh, how silly! Instead of keeping a record as required by the act for two years, of any narcotic drug to be used after leaving the patient, or when he is in our office, I just write a prescription, save my tablet, and let the druggist have the trouble of keeping the prescription for the required time. But that cannot so easily be managed by the country practitioner.

3. In Section 6 a physician, druggist, in fact, anyone, is permitted; yes, is at perfect liberty to give or prescribe, sell, distribute or possess any amount of any preparation "that does not contain in each fluidounce more than 2 grs. of opium,  $\frac{1}{4}$  gr. morphine, etc. Oh, yes, anyone can give, sell, prescribe, distribute or possess any amount of *paregoric*, "Tr. Opii Camph;" or how would a *preparation* like this

stand for "high?" morphia sulph., grs. iv.; Aqua Dest., *vel. font., vel. fluv.*, Oj. Or you might make it Morphia Sulph. gr. iv.; Spts. Frumenti, and Aqua, *aa fl. oz. viij.*, with Angostura bitters q. s. No registration number necessary! If inquiry is made at quite a number of retail drug stores, as we have made, paregoric is made by the gallon, we had almost said by the barrel; and at any rate, if you get a correct answer it will be that more Tr. Opii Camph. has been sold in the recent past than at any time in years.

4. Is this enactment just, is it not unconstitutional, is it not class legislation? Why should medical men throughout the length and breadth of the land be taxed one dollar per annum in order to protect the unfortunate and misguided individuals who have become "dope fiends?" Why not tax the merchants, the manufacturers, the farmers, or even the preachers or lawyers?

5. Mr. Hooper Alexander, U. S. District Attorney for the Northern District of Georgia, in the *Atlanta Journal-Record of Medicine*, stated that "The Harrison Anti-Narcotic Law does not seek to interfere with the bona fide discretion of a physician in the legitimate practice of medicine. It leaves to his judgment, when honestly exercised, the sole determination of what amount of morphine is needed for a patient, if any. Who is to determine as to the "bona fide discretion of a physician," or when his "judgment is honestly exercised?" In these days all physicians are legally licensed after having presented certain qualifications, to practice medicine in all its branches; this license giving them the privilege of using such amounts of any drugs or medicines they may deem proper, to alleviate pain, relieve suffering or prolong life. The provisions in Section 6 of the act will not suffice to prevent the venal physician—and unfortunately some such have been and will be licensed, from using any amounts of narcotic drugs whenever and wherever they please; and it will be very difficult, if not impossible, to prove that such "remedies or preparations are sold, distributed, given away, dispensed, or possessed as medicines and not for the purpose of evading the purposes and provisions of the act." And then there are venal druggists, who can and will find means of evading the act, rendering it a dead letter, so far as the "dope fiend" is concerned. The following item from the Associated Press dispatches in the *Nashville Tennessean and American* of March 17th, is cited as showing how this may be done:

"DETROIT, Mich., March 16.—In the arrest of Emil West, an employe of a local wholesale drug concern, and a raid on his rooms to-day, Federal officials claim to have uncovered one of the biggest habit-forming drug thefts they have ever known. In the rooms, they declared, two suitcases filled with drugs were found. The officials said the drugs were

stolen from West's employers. They placed the wholesale value of the seizure at \$50,000, but said it could be retailed among drug-users for fully \$300,000."

The venal but registered druggist, using the official blank, orders and in due time receives from the wholesaler, the jobber or manufacturer, ten, twenty or more thousand dollars' worth of narcotic alkaloids, puts it in a suitcase or other handy receptacle, connives and arranges with a suitable ally to steal it or burglarize his establishment, making sure to carry off the "planted" alkaloids, as well as possibly a few toilet articles, or other fancy merchandise, even a gallon of castor oil, in order to gloss over the stealing, and at suitable times and occasions "bootlegs" off the narcotics to "dope fiends" indicated by the druggist; and the two carnivorous connivers reap one hundred per cent profit, to be divided as previously arranged. Possibly this would not be essayed more than once in a given locality; but with the profits from the scheme, the druggist can well afford to dump off the remainder of his stock at a reduced rate, seek another field, and under another name repeat the process. No, indeed, the act is ineffective, and can and will be evaded by venal druggist as well as venal doctor.

This erudite District Attorney of the United States also says: "It is a revenue measure." Granted, but only so in that it is executed by the officials of the Internal Revenue Department; but very little of the revenue will ever reach Uncle Sam's strong box. So far as we can see, the only ones to be benefitted by this remarkable act are the Revenue Collectors, and we feel justified in making this inquiry, was the Hon. Rep. Harrison more interested in the financial welfare of the Collector of his district than in anyone else? About the only benefit, so far, that we can see, is that it has enabled the Revenue Collector of this district of Tennessee to place a few more satellites in his office and send out some very nicely printed blanks and licenses—patronage for him, and a little sop for Cerberus the printer.

Again we wish to assure our readers that we have no retainer from, nor is this a "brief" for the "dope fiend." No one will hail with greater gratification than ourselves any practical means or measures that will relieve these unfortunates from their terrible and most wretched enslavement. That the Harrison Law is just a muddle of futile and ridiculous requirements and provisions, as lucid as a roadside mud-puddle, capable of no real benefit to those whom it claims to protect, offering opportunities to the venal and base, and annoying to honorable practitioners of medicine, is our candid and sincere belief.

Can anything be done by the aid of the law? Yes, Oh, yes! But the enactment must be both rational and practical. One measure

we would suggest to our National Legislators, that is far more along the lines of a revenue measure than the Harrison Law, and will do much toward controlling the narcotic habit: Morphine, taking that as the most representative and common among the opiates, and cocaine, like alcohol, are most valuable servants, *but most damnable masters*. Our National Government levies a tax on alcohol, beer, brandy, wine and whisky, limited by the per cent content of the first named. Then let it levy a sufficient or adequate tax on all opium and coca leaves or their alkaloids, products and preparations brought into or produced in the United States, territories and insular possessions. Let that tax be not less than two hundred and forty dollars per ounce of opium, and proportionately for its alkaloids and preparations; coca leaves, etc., to be subjected to a like tax.

Some will say that this is prohibitive. Oh, no! Not when used as a drug or medicine, but quite so when coveted or resorted to by the addict. The one to two grains of opium, the seven to ten grains of Dover's powder, or the  $\frac{1}{4}$  to  $\frac{1}{2}$  grain of morphia is well worth the one or two dollars more that it will cost, and can and will be paid, when needed to relieve pain or prolong life; but of the 118,000 opium habitues in the United States, or the 2,370 addicts in the good old Volunteer State, only a very few will be able to pay the price for 8.5 grains of morphia each day—these figures being obtained from the *Cin. Lancet-Clinic* of September 18, 1915, quoted from statistics of Dr. Lucius Brown when he was our State Chemist. It will require alone an income of about \$20.00 per day, in addition for that needed for meat and bread and breeches. Smuggling may follow such an enactment, but not more so than in the case of other high tariff articles.

If our national lawmakers are afraid to handle this question without gloves, or if they are afflicted with frigid feet, then let our State Legislators take the matter in hand, enact laws to require notification of this affliction by the doctors, as in other morbid conditions, and also by the druggists and heads of families, giving information of all "dope fiends" to our grand juries within their knowledge, authorizing their confinement for a suitable time in properly arranged sanitarium; the expenses to be paid by all of our people liable to taxation, and not by the doctors and druggists alone. Provision can be incorporated in the statutes or made a part of the enactment similar to the "writ of lunatico de inquirendo," as to the time and length of confinement and treatment. As reasonable exercise is not contradicted in the treatment of the morphine habit, let the addicts be put to work, and thus in some part pay for their treatment and care.

Another line of procedure for the State Legislator, is to enact a statute requiring every individual purchasing any quantity of opium,

coacine, or their alkaloids or preparations, to make affidavit before a legally qualified State or county official, that the drug is not procured for, or will not be used by any addict or "dope fiend;" the usual penalty for perjury being adequately punitive. These are but brief suggestions, space not permitting more extensive consideration at this time.

These measures may seem drastic, harsh, severe; but in severe diseases we sometimes need severe remedies; we must let "the punishment fit the crime;" "penny-wise and pound foolish" measures will not do; and although drastic, harsh and severe, precedent can be cited both as to national and State enactment.—"*Aux grands maux, les grands remédés*"

As for the diminution in the number of addicts, as claimed by some of our contemporaries during the past year; well, if we are *not* from Missouri, *we must be shown*.

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#### A BILL TO ESTABLISH A BUREAU FOR THE STUDY OF THE CRIMINAL, PAUPER, AND DEFECTIVE CLASSES

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That there shall be established in the Department of Justice a bureau for the study of the abnormal classes, and the work shall include both laboratory investigations and the collection of sociological and pathological data, especially such as may be found in institutions for the criminal, pauper, and defective classes. Said bureau and work shall be in charge of a director, who shall be appointed by the President, by and with the advice and consent of the Senate, and shall receive a salary of \$3,000 per annum. He shall make a report once a year, directed to the Attorney General, which, with the approval of that officer, shall be published. For the aid of the director there shall be one psychologist at \$2,000 per annum, one translator at \$1,400 per annum, two clerks at \$1,200 each, and one stenographer and typewriter at \$1,000.

SEC. 2. That the director, if necessary for the proper discharge of his duties, may place himself in communication with State and municipal and other officials of this and other countries.

SEC. 3. That for the proper equipment of and carrying on the work of said bureau, the temporary employment of specialists, and the purchase of instruments of precision, books, and periodicals, and rental of rooms, if necessary, there is hereby appropriated out of any money in the Treasury not otherwise appropriated, the sum of \$5,000, or so much thereof as may be required.

The above bill on criminology (S. 4990 and H. R. 8820) has been

introduced in the present Congress by Hon. Joseph T. Robinson of the Senate, and Hon. Joseph Taggart of the House. It is one of the oldest bills in Congress. It has been reported favorably by the Judiciary Committees of both Houses twice. It has failed to become law mainly through unintentional delay.

The bill has been endorsed by the principal Representatives of the legal and medical professions of this country, including the American Bar Association and six national and twenty-five State medical societies; it has also been recommended by many religious associations of different denominations, including twenty-five Presbyteries. It also has the endorsement of the Congress of Criminal Anthropology in Europe. No bill ever in Congress has had such endorsement. The plan of work in the bill was presented to Russia and Belgium, and adopted by both countries. Many other foreign nations are doing scientific work in criminology.

The general purpose of the bill is to lessen and prevent crime, pauperism and defectiveness by the best methods known to science and sociology. In addition to this general scope of the bill, there are some direct ends in view:

1. To gain more trustworthy knowledge of social evils. Such knowledge would furnish a basis for modifying defective laws, adapting them to present conditions.
2. To furnish a basis for methods of reform, and in addition seek, through knowledge gained by scientific study, to protect the weak (especially the young) in advance *before* they have gone wrong, and not *after* they have fallen and become tainted, which is the great defect of most schemes of reform.
3. To find whether or not there are any physical and mental characteristics that distinguish habitual from occasional criminals. Such knowledge would enable the community to protect itself in advance from the habitual criminals and assist prison officials in preventing them from contaminating other criminals.
4. Exhaustive study of single typical criminals, which represent a large number, will give definite knowledge as to just how men become criminals and to what extent their surroundings influence them as compared with their inward natures. This would make possible a rational application of remedies for these evils.
5. More exact knowledge of the abnormal classes will enable us to manage them better in institutions. Such studies will bring men of better education and training in control of the institutions, and increase interest in the *professional* study of these classes, which the American Bar Association emphasized when endorsing the work.
6. To summarize and combine results already gathered by city, State and Federal institutions and governments, encouraging uni-

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# The reason for **Constipation of Infants**

may often be readily traced to imperfect digestion of protein or fat, to a deficiency of total solids in the diet, to a lack of energy, or to a diet containing starchy substances. While this condition is not necessarily a serious one, a natural elimination with soft, smooth stools of a good character is much to be desired, and has no little bearing on the general health of the infant.

The prompt and favorable results following the use of Mellin's Food in constipation is common knowledge to a vast number of medical men, but to physicians who are not familiar with the application of Mellin's Food to correct these errors of diet, we will send, if desired, suggestions which will be found very helpful.

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formity of method in collecting data and making such data useful generally.

7. To lessen the enormous expense to governments of the abnormal classes by study of the *causes* of the evils that involve such expense.

One reason why so many professional organizations dealing first hand with some phase of this work support this measure is that they think it is time that governments begin a scientific study of those social evils which are their greatest enemies. Many worthy efforts are being made to lessen social evils, but they are mostly palliative, and do not go to the root of the matter.

Our readers are earnestly requested to write to their Representatives and Senators in Congress, asking their support in favor of the bill.

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**A BILL TO STANDARDIZE THE TREATMENT OF TUBERCULOSIS IN THE UNITED STATES, TO PROVIDE FEDERAL AID IN CARING FOR INDIGENT TUBERCULOUS PERSONS, AND FOR OTHER PURPOSES**

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That within the appropriations made from time to time for such purposes the Secretary of the Treasury is hereby authorized to aid State authorities in providing care and treatment for indigent tuberculous persons who are citizens of the United States, but not legal residents of the States in which they are temporarily located, and for this purpose may designate such public or private hospitals and sanatoria as may be necessary. Prior to being designated to receive patients, and from time to time, said institutions shall be subject to inspection by officers of the Public Health Service in order to determine the facilities and methods available and in use for care and treatment of patients, and the Secretary of the Treasury is further authorized to prescribe standards to which institutions shall conform in order to obtain the benefits of this act.*

**SEC. 2.** That hospitals and sanatoria designated in accordance with the provisions of this act shall be entitled to and may receive from the Federal Treasury a subvention fixed annually by the Secretary of the Treasury, but not exceeding 75 cents per diem for each indigent patient admitted with the approval of the Secretary of the Treasury: *Provided, That the State in which said indigent tuberculous patient is admitted to a hospital or sanatorium for treatment shall pay or cause to be paid a subvention, not less than that paid by the Federal Government, toward the cost of caring for such patient in said hospital or sanatorium. Subventions under this law*

will be granted only in the case of indigent patients who have submitted satisfactory evidence that they were not assisted by any person or institution to leave their legal residence or did not themselves leave in order to receive benefits under this act.

SEC. 3. That the Secretary of the Treasury is authorized to issue regulations governing the designation of institutions and establishment of standards and for otherwise carrying out the provisions of this act; and he is further authorized to collect and make available for general use information and descriptive matter relative to the construction, equipment, and maintenance of hospitals, sanatoria, and similar institutions.

SEC. 4. That detailed estimates of the sums required annually to carry out the provisions of this act shall be submitted hereafter in the usual Book of Estimates.

This bill (H. R. 8352), introduced into the House by Representatives by Hon. Wm. Kent, of California, January 7, 1916, is the result of careful study and consultation, not only with leading medical men, but also with the Secretary of the Treasury and the Surgeon General, Dr. Rupert Blue. The provisions are simple and obvious. One object of the bill is to standardize the treatment of tuberculosis by means of Federal assistance with the voluntary co-operation of the States. No one in the medical profession can doubt the wisdom of preventing the migration of indigent victims of tuberculosis, another object worthy of accomplishment. This migration is a hideous cruelty and is contrary to all recent developments of medical science as applied to this disease. It is universally recognized that, granted good outdoor air, rest, suitable nourishment, and cheerful surroundings, there is little choice in the matter of climate. It is endorsed by Hon. Wm. G. McAdoo, Secretary of the Treasury.

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#### ANTI-TUBERCULOSIS MOVEMENT IS HAVING EFFECT ON MORTALITY

While the latest report of the bureau of the census shows that in 1914 tuberculosis caused more than 10.5 per cent of all deaths in the registration area of the United States, the National Association for the Study and Prevention of Tuberculosis, in a statement issued Friday, May 10th at its headquarters in New York City, points out that the death rate from this disease is steadily decreasing, having declined from 200.7 per 100,000 population in 1904 to 146.8 in 1914. This would indicate, the association claims, that the anti-tuberculosis movement organized in the last ten years is having a marked effect on the mortality of tuberculosis, especially since the death rate from this disease seems to be declining more rapidly than the general death rate from all causes.

### ALCOHOL AND PNEUMONIA

The United States Public Health Service brands strong drink as the most efficient ally of pneumonia. It declares that alcohol is the handmaiden of the disease which produces ten per cent of the deaths in the United States. This is no exaggeration. We have known for a long time that indulgence in alcoholic liquors lowers the individual vitality, and that the man who drinks is peculiarly susceptible to pneumonia. The United States Public Health Service is a conservative body. It does not engage in alarmist propaganda. In following out the line of its official duties it has brought forcefully to the general public a fact which will bear endless repetition. The liberal and continuous user of alcoholic drinks will do well to heed this warning, particularly at this season of the year when the gruesome death toll from pneumonia is being doubled.

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### DO YOU KNOW THAT

Four per cent of the inhabitants of certain sections of the South have malaria?

The United States Public Health Service has trapped 615,744 rodents in New Orleans in the past eighteen months?

The careless sneezer is the great grip spreader?

Open air is the best spring tonic?

Typhoid fever is a disease peculiar to man?

Measles kills over 11,000 American children annually?

There has not been a single case of yellow fever in the United States since 1905?

---

**SILVOL A NOTABLE GERMICIDE:**—For application to mucous surfaces as a germicide, silver nitrate has long been recognized as a distinctly meritorious agent. It has had one serious drawback, however—its use in solution frequently caused irritation. Finally, as was to have been expected, the art of the chemist has overcome this objection. The combination of silver with a proteid base robs the former of its irritating effect. At the same time there is no loss of antiseptic value.

A proteid-silver preparation that is meeting with marked favor by eye, ear, nose and throat specialists, as well as by specialists in genito-urinary diseases, is offered by Parke, Davis & Co., under the name of Silvol. That this product has a number of advantages over most of the silver salts hitherto used is evident from the numerous commendatory references to it that are finding their way into the medical press. An article in point has just come under the eye of the writer and is worth noting in this connection. It appears in the December issue of the *Journal of Ophthalmology and Oto-Laryngology*,

and is from the pen of William C. White, D. D. S., Ph. G., M. D., of the University of Louisville.

Dr. White describes Silvol as "a metallic silver in colloidal combination with a proteid base, and slightly alkaloidal in reaction. It occurs in black, metallic, lustrous scales, slightly hygroscopic and very readily soluble in water. In solution it gives a rich seal brown color and produces only a temporary stain to clothing or dressing, which is completely removed by rinsing in warm soapsuds. The preparation is so soluble that it requires only a moment to make the necessary solution. It is practically non-irritating in any reasonable dilution. The solution does not require filtering; and I wish to emphasize this fact, as it has been my experience with other similar products, especially in heavy solution, that a tarry substance will appear upon the surface, and, unless this is filtered out, it produces more or less irritation to the sensitive mucous membranes upon drying, leaving a very disagreeable burning or smarting sensation to the parts. None of my patients complained of pain or showed any irritation when a 10 per cent solution was used; on the contrary, they have expressed a feeling of comfort and a soothing sensation immediately following the application."

In summarizing, Dr. White names these advantages as applying to Silvol: "Quick solubility in any solution necessary for application to mucous membrane; less staining than by other proteid silver preparations; high percentage of silver content; minimum amount of irritation when applied to mucous surface; low percentage solutions necessary as compared with other similar preparations."

Silvol is supplied in powder (ounce bottles) and in 6-grain capsules (bottles of 50). The contents of two capsules make one-fourth ounce of a 10 per cent solution. Silvol Ointment (5 per cent), for application to regions where the use of an aqueous antiseptic solution is not feasible, is also offered. This ointment is marketed in long-nozzled collapsible tubes—two sizes, designated as large and small.

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THE OBSTIPATION-STASIS-AUTOTOXEMIA SYNDROME is complex in its aetiology as well as in its nosology. Anything that interferes with the calibre of the gut, or with the free passage of intestinal contents through the tube, results in a difficult passage of the bowel contents along the intestinal canal—Obstipation.

This may be a ptosis—or displacement of the gut at some point, a kink—which is a bend produced by a bunch of new formed tissue—abnormal sagging of suspensory structures, or dislocation of some part of the tube. This together with abnormal dryness or lack of lubricating material, due to disturbance of the intestinal mucus

glands, results in stagnation of the current, stoppage in many instances, a damming back of the current—Stasis.

As a result of these influences, opportunity is given for increased bacterial or chemical action, the production of an abnormal amount of toxins—of unusual virulence, irritation and disturbance of the filtering or protective action of the mucus membrane and resulting absorption of increased quantities of poisonous material—Auto-toxemia.

As a result of so many factors working more or less interdependently, is the establishment of the Syndrome—a complex group of many symptoms, that may simulate about any disease or diseased condition met with in medicine—or any of its branches.

Furthermore, these conditions, if allowed to go uncorrected, may and often do, result in serious and even fatal disease.

The ideal treatment for such conditions is lubrication. The ideal lubricant is Interol.

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THE ELIMINATION OF OPIUM'S UNTOWARD PHENOMENA:—Were it not for its several disagreeable features which are sufficiently weighty to make one hesitate before employing it, opium, of course, would be the ideal analgesic. Unfortunately, however, along with its analgesic effects, opium exerts those well known phenomena which tend to limit its usefulness as a pain-relieving agent.

But with the discovery of processes by which it is possible to eliminate the convulsive and narcotic principles of the drug, *Papine* (Battle) became possible, and with a wider therapeutic application than opium.

In the manufacture of *Papine*, the several objectionable qualities of opium have been eliminated, the finished product representing the analgesic and sedative properties only of this valuable drug.

In view of this, the superiority of *Papine* over opium and its alkaloids cannot be denied, for although offering to the patient the positive analgesic properties of opium it does not at the same time bind up his bowels or subject him to its other disagreeable effects. The utmost care is taken in the manufacture of *Papine*, and it is fully believed that it offers every possible advantage over opium.

---

LINK THE PAST WITH THE PRESENTS—J. Marion Sims many years ago said, "For severe Dysmenorrhea I have found Hayden's Viburnum Compound of great service."

What was true as to therapeutic value of Hayden's Viburnum Compound in the time of Sims is just as much of a fact to-day. As a remedy in the treatment of Dysmenorrhea, Amenorrhea and other functional irregularities of the uterus and its appendages, H.V.C. is

dependable in action, and as it is of known composition and contains no narcotics it is safe to prescribe.

As a uterine tonic and antispasmodic it is of particular service, and to any physician who desires to clinically demonstrate its therapeutic action samples and literature will be forwarded upon request to New York Pramaceutical Co., Bedford Springs, Bedford, Mass.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**CONSTIPATION IN THE ARTIFICIALLY FED INFANT** is almost always due to some fault in the diet; therefore, the cause must be determined and a proper adjustment of the baby's food must be made in order to correct the difficulty. Causes of this condition that are quite common and easily recognized are as follows:

A failure to digest the curd of the milk; an excessive amount of milk fat in the food mixture or an intolerance for fat in any but very small amounts; the use of gruels that contain unchanged starch; a deficiency of the 24-hour supply of food.

When *constipation* owes its cause to any of the above errors of diet, this trouble may be relieved by the proper use of *Mellin's Food* as a modifier of the milk.

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**A RARE REPUTATION** among soothing and soporific agents has been earned by *Pasadyne* (Daniel)—the concentrated tincture of *passiflora incarnata*. This enviable reputation has been gained by *Pasadyne* (Daniel) because of its potency of therapeutic effect coupled with its marked freedom from disagreeable influences. Even in moderate dosage its tranquilizing power becomes manifest. A sample bottle may be had by addressing the laboratory of John B. Daniel, 34 Wall St., Atlanta, Ga.

**TISSUE RESISTANCE—THAT'S THE WHOLE STORY:—**Following pneumonia or a severe bronchitis, the patient drops into chronic invalidism or slowly climbs back to health. The deciding factor is tissue vitality. Possibly the damaged tissues may have a little recuperative power left—enough to make the climb, but why take a chance?

In Cord. Ext. Ol. Morrhuæ Comp. (Hagee) you have a tissue food, a reconstructive of the highest order and through its supporting influence convalescence is lessened and return to health more certain.

Cord. Ext. Ol. Morrhuæ Comp. (Hagee) possesses in addition to the foregoing virtues the advantage of palatability.

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**IN ANY FORM OF DEVITALIZATION PRESCRIBE PEPTO-MANGAN (GUDE):—**It is especially useful in anemia of all varieties; chlorosis, amenorrhea, Bright's disease, chorea, tuberculosis, rickets, rheumatism, malaria, malnutrition, convalescence, and as a general systemic tonic after la grippe, typhoid etc.

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**ELIXIR IODO-BROMIDE OF CALCIUM COMP.,** manufactured by the Tilden Co., of New Lebanon, N. Y., and St. Louis, Mo., has given us most satisfactory results in the forty years we have been using it. It is an old, time-tried and reliable preparation.

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**DOCTOR, IF YOU NEED** good, pure whisky at any time, send a trial order to Simon N. Jones & Co., Second and Main St., Louisville, Ky., and you will not be disappointed.

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## Selections

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**PREVENTION OF TYPHOID FEVER BY VACCINATION:—**Quite recently Harris, of New York, has published an extensive review of this entire subject and presents the following conclusions, with which it is believed every experienced observer will heartily and entirely agree:

1. The accurate observations recorded in hundreds of thousands of cases leave no doubt as to the preventive power of anti-typhoid vaccination in all but a relatively insignificant few.

2. In those subsequently affected it strikingly decreases the morbidity and the mortality.



3. Severe reactions, if one makes observations from extensive studies (the only correct way), are rare.

4. To avoid severe reactions one must observe carefully precautions, as follows:

(a) Never administer it to any but the healthy.

(b) To permit of slow absorption, avoid puncture of a vein, or intramuscular injection.

(c) Clean syringe and sterilize the area for injection, using tincture of iodine for the latter purpose.

(d) Children especially are to avoid exposure to the sun following treatment:

(e) Avoid administering it during the menses or pregnancy.

(f) Allow no hard work or indulgence in alcohol after the injection.

(g) Avoid reinjecting in indurated areas.

5. Severe reactions have never left permanent injury.

6. When the incubation period has begun, the time for anti-typhoid immunization has passed. The treatment is a preventive of typhoid fever, and not a typhoid antitoxin.

7. Long exposure to overwhelming doses of typhoid bacilli (in those who are in close contact with cases and especially in epidemics) may nullify the immunizing powers of anti-typhoid vaccine, and an attack may therefore follow one or more injections.

8. Chronic illness (tuberculosis, etc.), as well as debility from other causes, and fatigue and exhaustion as well, predispose severe reactions.

9. Injections after intimate and long exposure hasten the onset.

10. For a period of at least two years, and possibly more, immunization is as effective in protecting from an attack of typhoid fever as is a previous attack of the disease itself.

11. Recurrences may follow after a complete immunizing course of treatment, in exceptional instances in which debility and fatigue exhaust the resistant and defensive pow-

ers of the body, and when exposure to massive doses of typhoid bacilli exists.

Russell has suggested that all persons whose profession or duty involves contact with the sick should be immunized. "The general vaccination of an entire community is feasible and could be done without interfering with general sanitary improvements, and should be urged wherever the typhoid rate is high" (Russell).—S. J. Meyers, M.D., of Louisville, Ky., in *Therapeutic Gazette*.

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**BLOOD PRESSURE:**—Some day, a thousand or more years from now, physicians, if there are any needed in that happy time, will not be allowed, nor will they wish to use new clinical instruments and therapeutic measures before they have been thoroughly tried out and are at least reasonably well understood. The delay will be detrimental to the pocketbook of the maker of instruments and of drugs, but the rest of mankind, including the physician, will be much better off.

The very imposing sphygmomanometer, valuable as it is in expert hands, has, so far, not proved an unmixed blessing, at least to the patient. Probably many people have been rendered unhappy from worrying over the fact that they "have blood pressure" or over their "high blood pressure" even when they have been helped through this instrument—a fact for which the physician is alone to blame. Emotional disturbances influence blood pressure markedly—influence the whole body, for that matter; by stirring up of emotional states by the application of the sphygmomanometer more alarm may be caused than if the blood pressure had not been so exactly taken or had been neglected.

Our laboratory-trained doctors forget that they are not dealing with a frog or a cat, but with an always highly impressionable human being. The patient is overimpressed, partly because the physician is also unduly serious over the matter—too much concerned because the mercury goes below or above a certain notch. He might as well be depress-

ed because the pulse falls to sixty or rises to eighty—an exceedingly wide range of cardiac contraction.

Blood pressure is no simple matter, and this is just being learned. The pressure may be very high in persons with normal hearts and normal kidneys, who are on a sensible diet. Moreover, there is a variability and rhythmicity in blood pressure from minute to minute accompanying emotional changes which must be taken into account, for this variability may amount to as much as thirty millimetres (Dearborn).

The latter fact makes one realize that the ideal sphygmomanometer is yet to be invented, for this will give us a continuous reading or record over a considerable period of time. It will be a far more valuable instrument and will prove of especial service as a measure of borderland phenomena between the psychic and physiological.

The sphygmomanometer is valuable, and will be more valuable, for there is much yet to be learned about its readings. Meanwhile we should be duly impressed with our ignorance to affect the patient for the worse. A few words tending to reassure the startled patient who has just undergone the impressive ceremony of having his blood pressure taken, will never be amiss.—*N. Y. Med. Jour.*, Jan. 1.

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**COCAINE HYDROCHLORIDE IN NASAL AFFECTIONS:**—A most useful and valuable drug, but one that must be used with great caution. Many patients object to its use, but no satisfactory substitute will take its place.

The nasal mucosa is very sensitive and the introduction of probes or applicators within the cavity is painful and usually produces sneezing without its use. In order to allay this condition and also to reduce the swelling of the tissues which frequently hide from view the deeper structures of the nasal cavity, it is advisable to produce at least a partial cocainization. This may be accomplished in two ways: (1) by spraying into the nostrils a small amount of either a 2 or 4 per cent aqueous solution of cocaine; (2)

# Cystogen-Quinine

*A new Cystogen preparation composed of Cystogen ( $C_6 H_{12} N_4$ ), 3 grains and Quinine Alkaloid, 1 grain (representing about one and one-half grains quinine hydrochloride).*

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

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**NASHVILLE, TENN.**

by the application of cotton pledgets to the mucous membrane moistened with the above solution; or, if a full dilation is desired, add to the dram, 2 to 10 m. of 1-1000 adrenalin chloride solution.

In some individuals a full dilation will be followed by a marked reaction, sneezing, stuffiness of nostrils, and a profuse serous discharge; usually much more marked where adrenalin chloride has been used. It is a wise plan to at least mention the possibility of some reaction occurring to the individual upon whom it is used the first time.

The shrinking of the turgid membranes of the nose in acute rhinitis with cocaine and adrenalin, followed by drainage of pent up secretions particularly from the anterior ethmoid cells, produces a certain amount of relief in no other way obtainable. After dilation, if the nasal cavities are full of thick mucus, they may be cleansed by the normal salt nasal douche; care being taken that the salt solution does not flow too rapidly, patient breathes through the mouth and the return flow is unobstructed.

Cocaine hydrochloride in solution from 2 per cent on up to the so-called cocaine paste (composed of flaky crystals of cocaine and adrenalin chloride solution) is used extensively to produce anesthesia to mucous membranes. However, its use hypodermically has been very much lessened since the advent of novocain, alypin, quinine urea, etc.—*P. B. Coble, M.D., in Indianapolis Medical Journal.*

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WHAT IS THE PNEUMONIA HEART?—As in all toxemias, the pneumonia heart is one which first shows weakening in its first sound, and the systolic and diastolic intervals become equal. Then some dilation occurs, which may become marked on the right side, and cyanosis marks its progress.

*How Shall We Treat It?*—First of all, don't overtreat; but begin early, and don't wait until cyanosis is manifest. Standardized tincture digitalis may be given early and may be all that is needed. After expectoration is free ammonium carbónate serves well. Brandy is useful in many

cases, but camphor seems to be especially so. Use 20 per cent, solution in olive oil and inject into the deep tissues. A paper in this number of *The Medical Council* exploits venesection. If the right heart is dilated, with great cyanosis, it is a valuable resource; but don't employ it in children or in the poorly nourished. Strychnine is valuable as a potent agent of last resource and in severe cases. Frankly, we never saw oxygen inhalations do much in late pneumonia except in children. Theoretically it is indicated; practically it seldom works unless given quite early.

Proper treatment of the insomnia seems to aid the heart; but don't give bromide or chloral in pneumonia, as they weaken the heart. Paraldehyde often works well. Some physicians claim that passiflora is useful. We never saw it yield any appreciable result. We use hyoscyamus or opium, not morphine. Sulphonal, veronal and the like are not proper remedies in pneumonia, though useful in other conditions. Sponging and ice-cradling often do better than drugs.

Don't give cardiac depressants for the pyrexia. It is not true that combining ammonium carbonate with the coal-tar antipyretics removes their depressing qualities, as is asserted by certain proprietary makers.

Always make the condition of the heart one of your chief concerns in the treatment of pneumonia, and don't give aconite or veratrum after the first forty-eight hours of the disease.—*Medical Council, January.*

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**HOT-AIR TREATMENT OF DIABETIC GANGRENE:—**Dupeyrac (*Presse Medicale*, July 11, 1914) directed attention to the efficiency of this form of treatment, which consists in dessication and sterilization of gangrenous tissues by the application of hot air at a temperature of about 70° C., followed by preparation of suitable flaps when the danger of septic infection has been overcome. In a case reported by Dupeyrac, the gangrenous foot was easily removed after hot-air applications and the treatment continued until the gan-

grene had progressed to the middle of the leg. The temperature dropped from 39.5° C. to normal and a line of demarcation formed, but the patient later succumbed to pulmonary edema and myocarditis. In a case referred to by De Brignoles, in which the three last toes were gangrenous, the foot edematous, and the entire leg infiltrated, hot-air treatment proved so effectual that only the last two toes had to be amputated. Imbert stated that air heated to high temperatures, applied to the gangrenous tissues under general anesthesia, acted sufficiently deeply to effect an actual sterilization of the tissues. The measure should not be applied, however, until after demarcation of the dead parts has taken place, lest repeated and excessive sacrifices of tissue become necessary. The use of hot air, indeed, is advantageous precisely in permitting long delay before intervention. Two definite indications for operation should, however, be recognized: 1. Evidences of very pronounced infection; 2, intense pain.—*New York Medical Journal*.

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**RULES OF LIVING:**—Doctor Arthur M. Corwin, in charge of publicity for the Chicago Department of Health, has prepared a poster which has attracted wide attention and which is as follows:—

“Breathe deeply. Eat temperately. Chew thoroughly. Drink (water) copiously. Clean teeth carefully. Bathe frequently. Eliminate freely. Laugh heartily. Sleep regularly. Work planfully. Exercise daily. Serve willingly. Speak kindly. Play some. Read much. Think more. Dare to be yourself—Cheerful, Conscientious, Brave.”

This program of health and living, reduced to simple terms, reminds one of that delicate “Symphony” by William Henry Channing: “To live content with small means; to seek elegance rather than fashion; to be worthy, not respectable; and wealthy, not rich; to study hard, think quietly, talk gently, act frankly, etc.”

Simple rules of social and spiritual life, dressed with literary skill, have been enormously helpful in the daily lives



of the people and rules of health, set forth with the original touch of which Dr. Corwin is master, cannot help making deeper impression upon the minds of the people than will more formal and ponderous methods of expression.—*Illinois Health Notes*.

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THE TREATMENT OF TYPHOID FEVER BY STOCK TYPHOID VACCINE:—In the *Lancet* of September 25, 1915, *Wiltshire* and *MacGillycuddy* write on this topic and reach the following conclusions:

1. Stock typhoid vaccine is a valuable therapeutic agent for the treatment of typhoid fever.
2. The treatment should be started as early as possible with an initial dose of 250,000,000.
3. A reasonable suspicion that a patient is suffering from typhoid fever is sufficient indication for commencing vaccine treatment.
4. The treatment is quite harmless to patients who may subsequently be proved not to be suffering from typhoid fever.
5. An interval of three days should be given between doses. Shorter intervals are not well tolerated. When a longer interval is given, if four days, the dose should not be increased; if over four days the dose should be reduced.
6. Great care must be used in dosage if secondary infections of the lung are present. If possible, the typhoid vaccine should be combined with a vaccine suitable for the secondary infection.
7. Doses should be continued for ten days after the temperature is normal as a preventive against relapse.
8. Preventive inoculation exerts slight, if any, influence on subsequent vaccine treatment.

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A NEW QUININE DERIVATIVE AS AN OXYTIC:—Herzog describes a new drug which may come to supplement pituitrin and ergot. That quinine possesses a certain amount of oxytocic and abortifacient action has long been known,

and noted obstetricians have tested it within comparatively few years; and, in fact, were thus engaged when the hypophysis preparations were placed on the market. Were it not for the uncertainty of its action quinine would be placed by some authorities at the head of the column of oxytocics. Still when used intensively the percentage of positive results has often been high. The discovery was made that a combination of quinine and veronal is much superior to quinine alone in obstetrics. At von Heriff's clinic during the past year a combination of the two has been used in 150 cases of childbirth and chiefly during the period of dilatation. The treatment was successful in from 70 to 75 per cent of cases. The drug acts only when some pains are actually present and cannot create pains. It appears, in fact, to sensitize the uterus to the natural excitors of the pains. On account of its tendency to act chiefly in the first stage of labor, it can be followed up by hypophysis extract or ergot. In a few cases of beginning abortion the quinine derivative has caused prompt expulsion of the ovum, but these cases were the exception.—*Munch. Med. Woch. Med. Record.*

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THE PRACTISING PHYSICIAN:—In a recent number of *Public Health Reports*, Doctor John W. Trask, Assistant Surgeon General of the United States Public Health Service, gives a very excellent account of the duties of the practicing physician to the community in which he lives. According to Doctor Trask, the practicing physician has responsibilities in regard to the registration of births and deaths and the reporting of cases of the notifiable diseases which he alone can perform:

"If he fails to register a birth he is neglecting the welfare of his patients, the child, and its mother. If he fails to give accurately the data called for in the medical part of a death certificate he is neglecting the welfare of the community. If he fails to report promptly his cases of the notifiable diseases he is obstructing the work of the health department and making difficult the control of disease and

the protection of the health and lives of his fellow citizens."

We commend Doctor Trask's article to the attention of all teachers in medical schools with the suggestion that they place copies of this valuable text in the hands of all their students.—*Bulletin of the N. Y. City Health Dept.*

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**GALL STONES AND ROENTGEN RAY:**—In "Some Remarks on the Detection and Diagnosis of Gall Stones by the Roentgen Ray," by Dr. George M. Niles of Atlanta, appearing in the *Southern Medical Journal* for December, the writer shows that the exploration of the gall bladder by the Roentgen Ray is of decided value when carefully done.

The technique of the work must be careful and exact and the interpretation of the plates must be painstaking and exhaustive. Many plates have to be made. In one case the eighteenth plate out of twenty-one showed a single stone, and the stone was found later by the surgeon. This is expensive, but it has to be done until experience and science show a quicker way. As it is, the results warrant the labor and the guide the surgeon as well as the internist has from the plates is invaluable. The study of gall stones in this manner is still in the pioneer stage and these steps are of the utmost importance.

In a majority of chronic dyspepsia this exploration by the Roentgen Ray is worth while.—*Atlanta Jour.-Record of Medicine.*

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**USE OF CAFFEINE IN DIGITALIS ARRHYTHMIAS:**—In the *American Journal of the Medical Sciences* for September, 1915, Barton asserts that all the irregularities of the heart beat which are brought about by digitalis tend to be removed by caffeine. Although in many cases digitalis arrhythmia will spontaneously disappear when the drug is stopped, instances arise, unfortunately too common, in which after prolonged digitalis administration the conductive system is so depressed that serious results may arise.

Under these circumstances the administration of caffeine will be of service and is therefore strongly indicated. The action appears to be due to the increase in irritability of the conduction system produced by the caffeine, which antagonizes and finally overcomes the depressing effects which digitalis exerts upon the auriculo-ventricular bundle.

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AS TO EUGENICS:—Dr. Woods Hutchison is writing daily popular articles on hygiene and allied subjects for the Hearst papers. He begins a recent article as follows:

"Anybody who is stupid enough may become a criminal. Indeed, many criminals are actually born of feeble wits, and these of other feeble wits. One of the important new lights thrown upon the problem of crime was the discovery, by patient investigation of family records and neighborhood histories and police and jail and poor farm records, that a surprisingly large number of criminals were related to one another and to other criminals, not always directly, but through the medium of paupers or prostitutes or epileptics or habitual drunkards, or simple imbeciles and feeble-wits."

There is one cure and only one cure for all of this, and that is the sterilization of the feeble-minded, the insane and the confirmed criminal. Let us never stop working with this object. It is the physicians duty.—*So. Cal. Pract.*

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CAUSE AND EFFECT:—A business man met a lawyer and a doctor recently. In a conversation with the lawyer, Mr. Smith, whom he met first, he remarked that he needed certain attention and was debating what physician to consult. The lawyer mentioned Dr. Jones, and on being questioned about him said he was first-class, but that he was rather high priced.

"In fact," said the lawyer, "his fees are so steep I always make him wait a long time for his money."

Later in the day the business man visited Dr. Jones, and in his conversation with the doctor he said he had met

Smith, the lawyer. The business man asked the doctor what he thought about the lawyer.

"Oh," replied the doctor, "he's all right, except a little slow in settling his bills. Truth is, he keeps me waiting for my money so long that I always charge him an extra fee for the delay."—*Post-Dispatch*.

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ONE THOUSAND DOSES OF PHENOLPHTHALEIN:—J. C. Mc-Walter (*London Lancet*, November 20th) states that he has prescribed something more than 1,000 doses of this drug and finds it particularly useful in cases of intestinal toxemia. It offers ideal advantages because what is required is a mild antiseptic, capable of being taken for a considerable period without toxic or cumulative effects, and yet free from those irritating effects of the mucous membrane of the intestine which renders most purgatives, harmful in these cases. In muco-membranous colitis phenolphthalein will be found in doses of half a grain daily eminently satisfactory in preventing enterospasm, easing pain, checking the excessive secretion of mucus, improving the neurasthenia, and generally improving the patient's condition.

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TEN HEALTH COMMANDMENTS:—1. Keep windows open day and night.

2. Do not spit.
3. Breathe through the nose by keeping the mouth shut.
4. Drink pure water.
5. Eat slowly, take well cooked meals, and cultivate regular habits.
6. Wear loose clothing of seasonable material.
7. Take regular open air exercises in sunshine if possible.
8. Wash whole body at least once a week.
9. Work, but do not worry.
10. Get house drains certified by sanitary authority.—*Elizabeth Gregg, in Therapeutic Gaszette.*

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## *Original Communications.*

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### "OBITER DICTA"\*

BY E. C. ELLETT, M.D., OF MEMPHIS, TENN., PRESIDENT OF  
THE TENNESSEE STATE MEDICAL ASSOCIATION

Delivered at Knoxville, Tenn., Tuesday, April 4, 1916.

It is my privilege to open the proceedings of the 83rd meeting of this Society by making, in accordance with custom, an address on a subject of my own selection. Will you permit me first to express in a more formal and deliberate manner than I did a year ago, my very great appreciation of the compliment which you paid me in electing me to this office; possibilities for earnest and useful work in this position are great, so great that there are many things which I have found only time to think of and suggest. I hope you will agree with me as to their advisability, and in the course of what I will say now, and later in the House of Delegates, the nature of some of these matters will appear. I would also like to thank the many members of the Society who have co-operated with me in

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\*From proof sheets of The Journal of the Tennessee State Medical Association May, 1916.



the past year in the discharge of certain duties, and more especially would I like to express my indebtedness to the efficient individual, who unites in himself the offices of Secretary of the Association and Editor of its Journal. I would feel called on to say very much more of his valuable work if it were not for the fact that in one or both of his official capacities he comes before you every one, and to know him at all is to know of his energy, enthusiasm and intelligent devotion to his duties. The Society is very fortunate to have the services of such a man.

Something over a year ago there came to my notice a series of articles in one of the magazines, discussing the various professions with reference to what each one offered as a career, and the article on the medical profession suggested to me to put into form a number of more or less disconnected things that have come into my mind in the twenty-five years that I have followed that profession. The time element is mentioned more as a confession than as a boast, and furthermore it must serve as an apology for the paternal note which may be here and there in evidence. For the personal note I have neither apology nor explanation.

The position of a Doctor of Medicine in our social structure is too well founded to need any explanation. No profession has given the world a more adequate return for its existence, and certainly no profession has asked for and received so little from the world in return. It may then be assumed that there is not only a demand for Doctors of Medicine, but that one who follows this calling is doing some good in the world and in the cant of the newspapers, "fills a long-felt want." The public gets more real comfort and value out of him than it does out of most people, and to my mind, the only profession that renders a comparable public service, out of proportion to the rewards it receives, is the profession of diplomacy. For let it be said once for all, that the majority of men who hope to do well in a material way had better choose some calling than

medicine, since the average yearly income of Doctors of Medicine in America is less than \$1,000.00. There are prosperous doctors, some indeed who may be said to have made money, but where you know of one who lives in comfort, and especially one who leaves a competence to his family, you know of a hundred such merchants, farmers, lawyers and bankers. In those callings, too, a man begins in a position wherein he makes a living, that is, except the lawyers, they are paid to learn, while the medical men must spend years which are not only unproductive, but years of expense, before he is in a position to make even the moderate income that falls to the lot of most physicians. Thus at the very outset we meet what seems to be a very serious matter. Education is a slow process, and the boys of to-day are not ready for college until they are about 18 or 19 years old. All medical colleges demand at least one year of college work as a requirement for admission, and when the four years of the medical course is completed, with a year or two of hospital residence, which is coming to be a necessity, and even more if some special work is contemplated, the result is that some one has had to take care of that man until he is 27 or 28 years old before he begins to make a living. This is a very serious problem and one that will probably necessitate a readjustment of the primary educational work, especially in the South, where there are not so many parents who feel that they can support a boy so long. It seems to me that the result is that not enough of our desirable young men are attracted to medicine, and I know of no other more apparent reason than this. It is true that a properly-trained man can, at the time of his graduation, sometimes get a position as a paid assistant, but most of us have such exaggerated ideas of our abilities and importance at this time that the older practitioner whistles for our services unless he is willing to insure a full partnership in one or two years. This disease of medical childhood is fortunately often cured by a period of heel cooling and chair warming in the isolation

of one's office. A serious objection to this long course of preparation is that it starts one on his life work so late, when the enthusiasm of youth has begun to wane, and the urgent necessity for doing something that yields a monetary return seems to press a bit harder than anything else. Then the desire to found a home and dynasty is sometimes to be considered, and the lady who has waited long, may not be willing to wait any longer. The realization of these ambitions calls material things to the fore and forces science and research out of the window.

We are all sufficiently familiar with the poetic qualities that the good doctor is supposed to embody. Certainly none of us lack faith and hope, but I am afraid what we call charity is often not based on a true charitable spirit. Speaking particularly of those who live in cities, I mean that our hospital and dispensary work, as well as the free treatment of the poor otherwise, is often not based on a desire to relieve their afflictions, so much as a scientific interest in their malady and a desire to improve the opportunity to gain more experience and to work out unsettled problems. If this were lacking I do not think one would go day after day to minister to some man to whom his name is unknown, who will certainly never indicate by word or deed that he has the least appreciation of what is being done, or is in the least grateful for it. The profession is certainly called on to do a deal of work for which it is not compensated, and it has always seemed unfair that we should be further selected as among those to contribute money for the support of charitable institutions. If one would keep a record for awhile he would be surprised to see the money value of the services he gives to the poor, and it would seem that the financial support of hospitals, homes and charitable institutions should be contributed by those people whose circumstances justify it and who give no service or time, and but little thought, to the needy. But if the doctor's contribution is to be that of personal service, let him see that he does give that service. There is

no trouble about securing proper attention for an individual sick man, but in the broader field of public work help is not so easy to get. I am told that the work on rural sanitation done in this State by the Rockefeller Foundation has to be done without material assistance from the local physicians, although the first thing that the men engaged in this work do when they enter a community is to call on the physicians inviting their co-operation. If this statement does anyone an injustice I would be glad to know it and make suitable amends.

More homely virtues which are in great demand and of which the supply is none too great are that splendid accomplishment, known as "horse sense," a fair amount of reasoning power, and, in most branches of the healing art, a moderate ability to use one's fingers. Common sense will carry one—and more to the point, one's patient, over many a shoal, and without this quality the judgment is slow to develop and never attains a very high grade. Common sense enough to see the obvious facts, and reasoning power enough to interpret them, are sure to lead to great things. It is not necessary to be a great philosopher either inductive or deductive, and, as far as I know, Sherlock Holmes and Dupin stand alone, but there are so many people who can deduce two and two and not see that they make four, that it is not strange if some of them stray into the medical profession.

A doctor should not only be able to plan, but to execute. I do not know whose patients are most to be pitied, those of one who can arrive at a correct diagnosis, but who is without the mechanical ingenuity to do a vaccination or give a hypodermic in a neat manner, or those of one who is a real or fancied Paderewski of the knife, and who carves his way to fame on such material as he finds at hand, without any very considerable concern over the advisability of the procedure. Probably no one wittingly follows such a practice, but there is certainly a vast deal of unwarranted surgery done now when every goose thinks he is a swan.

All work and no play can lead to but one result. More than one of us has had the folly of this course brought strongly home to him, therefore, let me warn you of its danger and refer you to the laboring man. He demands a day divided into three watches—eight hours for work, eight hours for rest, and eight hours for recreation. One who sticks to this will, of course, never rise above the status of the laboring man, nor should he, but one's hours should be regulated to a degree; and especially pernicious, in my experience, is the practice of letting one's self be driven at top speed for hours at a time day in and day out. When one is physically able to do it and is ambitious, he naturally will endeavor to respond to all calls made upon him. Even so, a little wisdom in management and a little loosening of the purse strings will enable him to get some detail work taken off his shoulders. An assistant, a trained office helper, preferably a nurse, and the easy access to a good laboratory, will enable a doctor to get many things done, and properly done, without burning up his energy and consuming his time. Other good assistance is a splendid investment. A competent secretary will not only keep his books in order and his collections made with a maximum of efficiency, but she should also be able to take ordinary correspondence entirely off his hands. A tactful person to answer the telephone and receive patients is a blessing from heaven. The phase of this question, with which I am most familiar, is that which appears to one doing largely office work, but our troubles vary but little in kind and less in degree. For long office hours, read long and lonely rides and weary bedside vigils, and the result is the same. Even in the seclusion of one's home and in the hours popularly supposed to be devoted to sleep, one is at the mercy of the telephone. No one in his right mind would call up one of our large business houses and insist upon speaking to the head of the firm to ask him what time he closed in the afternoon, or what he charges for a pair of shoes, yet people are accustomed to insist that

the doctor come to the phone in person to answer similar questions, no matter what he is doing or how busy he is. One solution of this problem is to instruct the one who answers your 'phone to always say that you are occupied and cannot come to the 'phone, and to have the person calling give his message or leave his number. Since most of our telephone messages, in the cities at least, resolve themselves into an inquiry regarding office hours or when you can call, some one else can give this information as well as the doctor himself. One man can, of course, only reach a few people, but if this sort of plan were generally adopted it would be a campaign of education that would produce tangible results. We should begin at home, so to speak, and not ask our fellow doctor to come to the 'phone in person to answer an inquiry which his office girl can answer just as satisfactorily. To the younger men whose time is not so taken up that they have to lose sleep over the interesting problem of "how to live on 24 hours a day," let me give this encouraging piece of news. In a certain place, with the standard of fees and other conditions that prevail, a man can, by being fully occupied, make, say ten thousand dollars a year. By employing an assistant, getting more office space and more office help, he can increase this, but he will find at the end of the year that his increased income, over ten thousand dollars, has all gone to meet the expense of additional help and better working facilities, and he is richer only in responsibilities.

The best possible investment for a doctor is a vacation. It is not necessary to dwell on the many advantages of a rest and change of scene and occupation, as we all realize the renewal of energy and the fresh impetus that one experiences as the result of a proper period of recreation. The ideal vacation to my mind is one which takes one far afield, away from the appurtenances of polite society, where he can do as Walt Whitman did, when he "tucked his trousers ends in his boots and went and had a good time."

Another profitable interruption of one's routine, is the

time spent in attending medical societies. Of the many things that could be said in favor of this habit, there are two thoughts only to which I would refer. Our hope is in organization, by which we have done so much and can do more. Therefore do your part, not only in belonging to such societies as deserve your support, but in attending them as well. Some object that the meetings are poor, the papers "punk," etc. If this is true, think how much you can help your fellows by writing a good paper and reading it to them, and no doubt there are some societies from which you can learn something yourself. It is well to remember that no one gets much out of any organization unless he puts something into it. I wonder if we generally recognize the obligation that our "Principles of Ethics" imposes in regard to medical societies. Chapter II, Section II of the "Principles of Medical Ethics," adopted by the American Medical Association in 1912, reads as follows:

"In order that the dignity and honor of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession." You see it is not only a privilege and a pleasure to belong to medical societies, but it is a duty and an obligation, and that duty is not discharged by merely joining the society, but one must put his time, his energy and his means into it. Those of us who know of this obligation should try to carry the news of it to those who do not seem to have heard of it, and the result should be an increase in the membership of this society, and an increased attendance on its meetings that would enlarge its influence and magnify its importance many fold. A most delightful combination of work and play is the journey to other cities and other countries, where part of the time can be given to visiting hospitals, clinics and physicians, attending the medical societies, and part to recreation.

Such trips as these are a source of the keenest pleasure, and the reflex benefits of meeting the great workers in our own field are very considerable.

Unless one studies, both books and journals, he is in solitary confinement, and ought to be consistent, to live in a forest, make his own clothes and build his own habitation. In a way I envy the man who gets by without study, and that some do so must be true because they do not take any journals or buy any books, or if they do, never read them. In more than one doctor's office, I have seen files of the Journal of the A.M.A., apparently complete and neatly stacked, but alas, without a single wrapper broken.

In his zeal for study one must reflect on what Stevenson says in his "Apology for Idlers," that one who spends all his time reading has no time left for original thinking, so that if one's tastes do not lead him to read, let us hope that he devotes the time thus saved to thought. At any rate, reading is not all. Osler has graphically said that while he who tries to learn medicine without books, sails an uncharted sea; he who tries to learn it from books alone, without patients, does not put to sea at all.

Aside from study in its clinical aspects, one should, to get a true appreciation of the subject of medicine, interest himself in the scientific side as well, especially in pathology. This field, much neglected by many practitioners in the past, is now enlisting more and more workers, and in spite of the vigorous onslaughts in some of our local meetings directed against the laboratory and laboratory workers, it is gratifying to see that not a few private laboratories are now in existence in connection with doctor's offices, not only in the cities, but in the small towns and even in the real country, and that the work done therein is with the active and intelligent participation of the clinician himself. And whereas the papers to which we are invited to listen are still too often of the revolving book-case type, or half-baked clinical reports, we now and then get something of a scientific nature, based on original work. We



yet lack experimental work, and it is rather strange that not only the best of the experimental work which we have presented, but practically all of it, is from the older men, whose time is otherwise in demand, and so far the younger men, who have the time, have contributed very little.

One passes to well-beaten ground when he speaks of the desirability of a doctor having some interest in other things than medicine. Twice blessed is he who has some talent in music, and can either in its production or absorption find balm in Gilead. To one without music in his soul, there is still much comfort in well-rendered melodies, but to one without talent or a technical education, much that is called music is certainly far from restful or entertaining, in fact, is as tiresome as a scientific medical lecture would be to one not educated in medicine. Aside from its effect as a medium of culture and a recreation, there is a therapeutic value, which the profession has never fully utilized. Especially in institutions, even in hospital wards, its proper use could do much to create an atmosphere of hope and cheer, so beneficial to those afflicted in mind or body.

Literature of all sorts is of such a great variety as to appeal to all sorts of people, while a taste for the better sort is easily cultivated. History is always interesting and well worth while, as are books or travel. Much fiction today, as well as most of the current periodical literature, is not only a waste of time, but demoralizing, in that it unfits one for anything else. Poetry is a source of much enjoyment, and great pleasure can be derived from memorizing favorite selections and reciting them to one's self on occasions when alone and unable to read. This practice can also be endorsed as a good soporific, and incidentally refreshes the memory and prevents one's forgetting accomplishments sometimes laboriously attained. Other scientific studies are good for the doctor, such as electricity, geology, zoology, botany, etc. The latter was Weir Mitchell's choice, and of course if one goes into a subject of this sort he must make a hobby of it. Since Bacon's day the field

of endeavor has so widened that one who takes "all knowledge" as his province is apt to have a big contract, and the advice to specialize is good advice.

We need hardly caution doctors against neglecting the social side of life. Rather let us utter a warning against overdoing it. The manner in which social functions are conducted in this day makes attendance on them a serious matter, since it usually means loss of sleep and other dissipations. Far be it from me to try to make some pin-headed society devotee see why he should go to a dance at eight-thirty instead of eleven-thirty, and leave correspondingly early, so that he can give his employer *quid pro quo* the next day, but at least we might conduct our own functions with some intelligence and set a good example. If it can be done without encroaching on one's working or resting hours, or both, the cultivation of the social side of life should receive due consideration. But when these things mean loss of sleep, neglect of business and too intimate association with Bacchus or My Lady Nicotine, certainly the balance is on the wrong side of the ledger.

The doctor's home life is apt to be peculiar from the irregularity of his work. On occasion I have been told by one who ought to know that a physician ought not to marry. As those competent to judge on this point cannot be depended on to give a faithful expression of opinion it will probably remain a mooted question. The doctor, as a home-sharer, needs to be judged by rather liberal standards, and on the other hand a home and family will certainly make demands on the average doctor's time and talents that must be paid for out of the sum total of his professional and scientific attainments. A good English friend of mine, in this connection, once quoted to me something to the effect that "There is no great enterprise, whether of vice or virtue, that is not hindered by women and children." This seems to do justice to all concerned.

But I would not be thought to belittle in the least the influences, always for the better, which are exerted upon

us by those to whom we formerly referred as the gentler sex, for in whatever relation she stands to us, she is always to be found, as Dickens so beautifully depicted Agnes, "pointing upwards."

There is only one thing in regard to the relation of the Doctor with his patients which is not already the subject of many hollow platitudes, and that is in regard to the subject of the fee. A doctor ought to try to have a clear and fair idea of the value of his services and live up to it. Not an exaggerated idea, as we are prone to have, but a fair one, and people should pay for medical services, not "through the nose," as the English say, that is not extravagantly, but in proportion to the real value of the service rendered and the skill necessary to render it. It is unfortunate that our charges are based on the visit, which is not a proper basis, though I cannot suggest a better one. A piece of work like a tracheotomy, relief of a strangulated hernia, the arrest of certain hemorrhages, etc., is of infinitely more value to the patient and requires more skill on the part of a physician than a long trip on a bad night to attend a normal obstetrical case, or to see some one for whose affliction one can only advise a little more or less questionable assistance to nature's efforts to heal. Yet the fee in the several instances would not differ in a just proportion. We are imposed on very often because we are such poor business men, and there is no more reason why we should not investigate a person's financial standing than should a merchant fail to do so before extending him credit. I do not decry charity, but refer to the unwillingness to pay the usual and proper fees by persons well able to pay. Nor would I forget for a moment that the practice of medicine is a profession and not a trade, but if one must earn his living by it, he should adopt business methods when they are applicable. On the other hand, his study, research, experimentation, charity, teaching work and public service should be done freely and unsparingly, without thought of self or future, and to the glory of the

profession that is just the way it is done. The trouble is that we do ourselves and our fellows an injustice by carrying this spirit into a part of the work where it has no place.

I was asked once by a colleague to see a ward case for him in a certain hospital, as he was leaving town. The patient was in a charity bed, and said he could not pay for services, yet he had found means to pay the traveling expenses of five grown sons and his doctor to come with him. This looked pretty bad, but when the doctor proposed to call in and pay a consultation prior to an operation, I rebelled, for if that patient paid out any money for attention it should go to the one who was doing the work. If I remove a man's disability so that he is whole again, or if I do something that shortens his disability, it seems to me that I have done him as much good as if I had furnished him a meal or a pair of shoes, but he will find the means somehow to pay for these things, but not the doctor. A closer parallel is in the case of the lawyer. There's the boy who gets his pound of flesh, regardless of how much blood he sheds in the operation. Some years ago, up in Michigan, the Governor presided at a meeting of the American Public Health Association, and he spoke of the doctors being there for the purpose of preventing sickness, and he said, "If, during my official career, I should be called upon to preside at a meeting of lawyers, met for the purpose of preventing litigation, then I would say, with Simeon, 'Lord, now lettest thou thy servant depart in peace, according to thy word, for mine eyes have seen thy salvation.'"

Co-operation and mutual understanding would obviate much of this imposition, and service would still be rendered without cost to those who deserve it. I must say that these sentiments would apply largely to our men patients alone, as one cannot raise the question with those women and children who are a public charge on account of having an irresponsible and worthless caretaker. Per-

haps between this time and the millennium the law will put birds of this feather in jail and make them work for wages that will be turned over to their families.

Much the same thought suggests itself in regard to the relation of the doctor to the public, *i. e.*, to the state. We know that much honest and extremely valuable public work is done by physicians which receives very little recognition and less material reward. As long as we permit this so long will it continue. The profession is never asked for any opinion in regard to purely medical appointments, and institutional heads, superintendents of health, etc., of whose qualifications the profession is the best judge, are appointed on political or other grounds, with results that are often far from satisfactory. The history of medical legislation of all sorts everywhere, especially in Tennessee, is a painful and discouraging subject. In view of the attitude of distrust and lack of sympathy with which the public views our efforts, it is a question whether it would not be right if we should refuse to serve state boards of all sorts, and the staffs of state, city and county institutions, without compensation. Again let me call your attention to the legal fraternity.

There is one fact in connection with our medical health laws that should stand out for all time as a monument to the altruistic tendencies of the profession, and that is that all of the laws regulating the practice of medicine, the pure food and drug laws, etc., have been put on the statute books by the influence of the medical men, and over the protest and opposition of the laymen. It is very true that the laws regulating the practice of medicine tend on the whole to lessen the number of physicians, and therefore lessen competition, but on the other hand the requirements of a medical education have been steadily raised by the physicians themselves, and competition therefore in another sense made vastly keener. We have not more doctors, but more doctor, and the people are being more and more protected from ill-qualified and unscrupulous men, for the

demand is not only for men of certain attainments, but for men of good character and good conduct. Unhygienic practices, adulterated food, and self-drugging make business for the doctor without any question, yet his influence is always thrown in the scale in favor of laws to lessen these evils. There are two things which our National Association has done for which I think too much credit cannot be given. One is that without a line added to any laws it has within a few years brought about a change in the conditions surrounding medical education that is almost unbelievable. It has reduced the number of colleges, admittedly too great, and it has done much to standardize conditions in the colleges which remain. And while no movement of this magnitude and so radical as this can escape some words of criticism, it was all done, not by injunctions and laws and "big sticks," but by education and publicity, and speaking as one who saw these changes from the inside and knows what they meant in hardships, expenses and work to the existing colleges, not abundantly supplied with money, I want to say that it was a great work, a much needed work, a commendable work, for which we ought to rise and call the Council on Medical Education of the American Medical Association thrice blessed. And when their present plans for a similar regulation and standardization of hospitals is accomplished, they will have added another jewel to their crown of glory. The second big thing that this association has done is that through their Council on Health and Public Instruction, they are spending \$75,000.00 a year in a campaign for education in public health, a campaign which is daily bearing fruit and will continue to bear it. An association that can command the gratuitous services of such men as serve these committees and secure from them the enormous amount of hard, faithful and intelligent work that they give to the discharge of their duties, may have a few flaws in its structure, but it is certainly sound at the core.

If there is a way of bringing it about, it would be a very

desirable thing to start a movement at this meeting, looking to a recognition of the medical profession as represented by this society in the making of appointments to the State Board of Health, the State Board of Medical Examiners, and the heads of state institutions, such as insane asylums. We should congratulate ourselves that the men appointed to these places under the present system are as efficient and worthy as they have almost always proven themselves to be, but nevertheless the system is wrong, and these appointments, if not made on the nomination or recommendation of this society, at least should be made from a list of names endorsed by this society as fit for the positions. It is a shame that so little scientific medical work has ever come from any of our great state medical institutions, and this condition becomes more deplorable when you compare it with what is done in other states and countries. Psychiatry and neurology are so closely connected with the names of certain great asylums that it must be apparent what a wealth of material exists in those places, and equally apparent how the material is dissipated in this state. Not that it necessarily requires a great deal of material to work our problems. We know that Lister demonstrated his ideas in regard to antiseptic surgery in one small ward; and Killian, who has done so much in the submucous resection of the nasal septum, bronchoscopy, and the radical frontal sinus operation never had a large clinic at Freiberg, where most of the work was done. Marion Sims worked out his operation for vesico-vaginal fistula on a few patients, and Long made anesthesia more than a dream on still fewer. If the fires of genius burn steadily and are fed with energy and intelligence, the flame, though small, will surely be seen around the world.

In this day of specialists one is often called upon to refer a patient to another physician for some special diagnostic procedure, such as a laboratory test or X-ray examination or for an affliction of some particular organ, such

as an eye or a tooth, with whose ailments many physicians are not familiar. In justice to our patients we should be ready to recognize our limitations, and one who persists in his attendance on a patient with whose afflictions he is not familiar, should be discouraged, and it certainly is a strain on the professional relation which should exist between all physicians to be called on to uphold a fellow practitioner who has come to grief as the result of such a course. Not long ago I saw one of those pitiful cases of ophthalmia neonatorum where the child had lost both eyes. No prophylaxis had been used, and the treatment, according to the statement of the attendant, had consisted in applications of cocain and adrenalin. Now that man was a criminal and a malefactor, a disgrace to the profession, and if I upheld him in what he did, I would be in effect saying to that family, "This is a visitation of Providence. If you or your friends have sore eyed babies, nothing more can be done for them than was done for this baby; your physician is a good man and worthy of your confidence." God forbid. No man can cover the whole domain of medicine satisfactorily. If he cannot diagnose all complaints he ought to know a seriously sick man when he sees him, and be bold enough to call for help, and in the case of an organ of which he knows nothing, like the eye or teeth, he ought not to pretend to know. Of course, this is an academic question to most of us, but if your baby is blinded for life or your child maimed or killed by the lack of ordinary honesty or common sense on the part of one you have to trust, it becomes a different thing. Medicine is so far from an exact science that errors of judgment necessarily occur, and unfortunate issues are frequent as well as unforeseen. Let us not make matters worse by stupidity and carelessness, nor uphold others when guilty of these faults.

Some people advise against the study of a specialty as a course apt to narrow one's ideas. That may be, but in order to get anywhere, one must concentrate his energies on one or a few things. In the industries one man does



but a small part in the manufacture of a certain article, but each one by doing his part well, contributes to a successful product. One should strive to keep the fact in mind that his special work is but a part and not the whole of medicine. Even within a specialty one gains special skill in a certain thing, as some surgeons are skilful in goitre operations, others in joint work, and he who can become a master of even one small part of a specialty is a man to be envied.

In the multitude of papers which are written, published and sometimes read, it is curious to see how seldom the writer really does himself credit. This is usually due to haste, or to the fact that one tries to make a twenty minute paper out of the material for an evigram. A short paper will attract attention. The first description of the changes in the retinal vessels in arteriosclerosis was a single paragraph in a paper by Mr. Marcus Gunn, and all the material that has been written since that time has not added one idea to what was expressed in that paragraph. The other side of the shield is the individual who makes his facts fit his theories. Garbelled statistics, misquoted cases and facts otherwise perverted have gone to make up many a smooth sounding and impressive paper, which reflected great credit on its skilful author, and be it said with sorrow, that such papers have sometimes been presented to this society.

If one ever expects to report anything or to write any papers, the habit of the proper keeping of case records should be early acquired. One's tendency at first is to record too much, from which he quickly passes to recording too little. It has always seemed to me that undue prominence was given to the family history in record making, and as one whose faith is more in environment than in heredity, my idea would be to concentrate on the personal history and that of the present illness. What this should show is what the patient complains of and how long he has complained. For models of histories, the ones given in

MacEwen's "Pyogenic Diseases of the Brain and Spinal Cord" have always appeared to me as the most excellent.

Parenthetically, let us strive to clothe our matter in language that is pure and simple, not only pleasant to read, but easy to understand.

Too much cannot be said in favor of the practice of promptly and properly making such records. It is a great deal of trouble and gets to be a burdensome task as time goes by, but records are a storehouse of one's experience and certainly add much to the satisfaction with which one's work is done. While the labor is considerable, it adds greatly to the value of the records if they are cross indexed as to diseases. It is certainly worth something for a man to be able to state accurately in a discussion as to what percentage of his cases in twenty years have needed forceps, what his mortality in typhoid in thirty years has been, or in what percentage of certain surgical cases he has had recurrence of the disease or infection, etc. Only case records enable him to tell, and without them his statements are vague and his conclusions unconvincing as they deserve to be.

We are meeting this year at the home of our State University, where most of its departments are located, and the opportunity will probably be given us to inspect the institution and to meet those who have its destiny in charge. As the head of the public school system in the state, everyone who aspires to be a good citizen should familiarize himself with the possibilities of this institution, and when the good citizens know of them, it is to be hoped that pressure will be brought to bear in high places so that this university and the cause of public education for which it stands will no longer be the plaything of politicians and the football of politics, and that the methods which resulted in the withholding of the appropriation from this worthy cause at the last legislature, will not again be practiced.

The reformation of the medical press, like John Brown's

soul, is "marching on." And while it yet lacks a great deal of having attained the level which it is certain to ultimately reach, its progress has been no less remarkable than it is commendable. It is especially in reference to the character of the advertising that it carries that the medical journal needs to be constantly on guard. There are a few journals which carry no advertising at all. The journal of our National Association and most of our state journals carry only the advertisements of those houses whose products have, through a frank statement of their contents and an absence of unfair claims as to their therapeutic value, received the approval of the appropriate committee of the A. M. A. We may not agree with this committee in every case, but it is our committee and its findings and the evidence on which they are based are freely published, and in the absence of any other standard, this is the best one to follow in determining the character of a pharmaceutical product. There are yet many journals patronized by the best men in the profession, both as subscribers and contributors, who are no more careful of their advertising than a religious paper, and hardly as much so as the average daily. It is inconceivable how any periodical will permit things as advertisements that it knows to be false and fraudulent. No amount of expostulation can make them change this practice, though they will admit that the stuff they help to exploit is a fake. You remember Holmes said that "Quackery travels on two crutches, the tattle of women and the certificates of clergymen," and when he wrote that he must have had a religious weekly before him. The law has made quackery unpopular, but the charlatan has an accomplished successor in the patent medicine manufacturer, who salves his conscience and stills the critics at one stroke by munificent gifts to the church and charity, and carries this to a point where he can procure a certificate of character from members of the medical profession.

Schools of medicine are happily becoming things of the

past. Homeopathy and Eclecticism have made no progress, if indeed they have not lost ground in recent years. Since 1904 the non-sectarian medical colleges have been reduced in number 36 per cent, while the Homeopathic schools have been reduced 63 per cent and the Eclectics 60 per cent. In students the non-sectarian schools have been reduced 44 per cent, Homeopaths 61 per cent, Eclectics 76 per cent. In graduates the non-sectarian schools have been reduced 36 per cent, Homeopaths 63 per cent, Eclectics 75 per cent. Of the whole number of physicians in this country in 1915, 85 per cent were non-sectarian, 10 per cent Homeopaths and 5 per cent Eclectics. In some sections they hold on pretty well and still seek to tar us with the same stick by calling us "Allopaths." The most recent school of healing to make a serious bid for favor was osteopathy. There are more other kind of practors, pullers and healers than I have the patience to enumerate, but they do not warrant a second thought. Osteopathy was founded on a mechanical theory, which need not be discussed, and it is only mentioned to bring your attention to what is happening in that school of healing. To begin with, while they were long known as osteopaths, they are dropping that term and calling themselves, and apparently wish to be called, "osteopathic physicians." Their journals contain the advertisements of books written by physicians, such as Dorland's Dictionary, Jelliffe's Dictionary, Santee's "Anatomy of the Brain and Spinal Cord," and books of Asch, Bing, Krause, Romer and other M. D.'s. They also carry advertisements of drugs,, and significantly those which do not always have the whole hearted endorsement of the Council on Pharmacy of the A.M.A., namely, Bovinne, Malted Milk, Listerine, Antiphlogistine, Nujol and other oils, Hema-boloid's, etc. If these things do what they claim to do, what interest can they have to an osteopath? To judge the school by the utterings of a single individual would be very unfair, just as we would not like to be judged by the papers of certain physicians, but it might be mentioned

that the articles in their journals deal with such subjects as "Food as a Medicine," "Treatment of Malaria" (by diet), etc., which seem a bit removed from the basic claims on which the school is founded. The literature to which they refer in their articles are such journals as the *Journal of the A. M. A.*, the *London Lancet*, etc., and such authors as Gould and Pyle, Hughlings-Jackson and Geo. W. Crile. Their schools are rapidly falling in line with the prevalent ideas on the subject of medical education, and the original school of the cult has announced that they will go on a four-year basis with a preliminary requirement of a high school education, in September, 1916. Moreover, a former President of the American Osteopathic Association, in a signed editorial in the *American Osteopathic Journal* for December, 1915, urges the broadest teaching, and that they take the stand that since they have to practically meet the same legal requirements that a doctor of medicine has to meet, that they should not received a license to do a limited practice, but an unlimited practice. The proposition will not be new to you, having been in one form incorporated in our own recent laws, that to secure a license to treat the sick, man should show evidence of proper preliminary education, a proper course of study in all branches of the healing art, and its allied and fundamental sciences, that his acquaintance with drugs and other forms of treatment, except surgical treatment, be not called into question, and when he has satisfied the authorities on these points, he can treat the sick as he worships God, "according to the dictates of his own conscience." If I read the signs of the times correctly, such a law would enlist the support of the osteopaths, and such slight opposition as the vanishing forces of Homeopathy and other schools might offer could probably be easily overcome. In this I see the early, final and satisfactory solution of a question with which we have struggled long, and in which Freeman may claim the honor of having blazed the way. An incident which happened a few months ago in the family of the editor of one of the

leading Osteopathic journals, has done much to move this school from its self-satisfied and self-confident attitude. This unfortunate gentleman had a son who was taken ill with diphtheria. None of the osteopaths knew what it was and the treatment that was applied was followed by disastrous results, in that the little patient succumbed, a diagnosis being made by a physician just before death. The incident must excite the greatest sympathy for the afflicted father, whose inquiries revealed the fact that this and many other diseases are not shown in osteopathic schools, and one is forced to put the question, to how many other men's sons has this thing happened through the shortcomings of osteopathic training. An experience of this sort, with the publicity attending this case, will do more to remove the scales from their eyes than books of argument.

There is one thing that happens now and then to indicate that in some quarters we are regarded as the "regular" profession in every sense of the word, and that is when you receive a circular letter from a confrere asking for your "rules" in regard to the treatment of certain conditions. I have never formulated but one, and that was to try to avoid doing anything in medicine by "rules." "Always" and "never" are words that have very little use in medicine, and the exceptions would soon swamp any but the most elastic variety of rules.

All of the forces antagonistic to regular medicine sought to pool their interests in a "League of Medical Freedom," and by lectures and a periodical sought to impress people with a fear that some sort of movement was on foot to choke off all opposition to the regular school of medicine, and force people to be treated by one class of healers and presumably by one plan of treatment. It has never appeared exactly who was behind this movement and who furnishes the war chest, and in an effort to learn something about it, some of us in Memphis attended one of their lectures a few years ago. It was given in a woman's club, by a Homeopath, and he was introduced by a local

lawyer, of whom I will only say that he was just about the type of man that you would expect to find engaged in such a function, and whose name enabled you to recognize him as one of the race who are chronically "against the government." The only thing the lecturer did was to attack the Owen bill, then pending, and compulsory vaccination. Now, I know what you think of these movements, and you know what I think of them, but it may interest you to hear what a little lay weekly called the *Democrat*, published in Lamar, Mo., thinks of them. In an editorial (June 10, 1915), it refers to this paper on "Medical Freedom," as "threatening us with a vast medical trust, poisoning us with deadly serums and vaccines, gagging us with nauseous decoctions of mephitic herbs." The editor can see nothing interfering with medical freedom, "Is there," says he, "any damn fool 'ism, and absurd claim, any 'Eny, Meny, Miney, Mo' business, that we cannot try upon our diseased and tortured bodies, if we are so minded?" He contrasts the conduct and achievements of regular medicine with those of various schools, cults, 'isms and creeds that would supplant it, in the following language:

The regular school of medicine is fallible. There are many things it cannot do. But it never ceases in its search for truth. The laboratory and the clinic room are its foundation and inspiration. What has become of cholera? What has become of infant diarrhea? What has become of smallpox, once a terror equal to plague? What has become of diphtheria and membranous croup? Who is gradually conquering tuberculosis, the greatest of human plagues? Who has dissipated the dread spectre of hydrophobia? Who achieved the marvels of modern surgery? Who is frantically and supplicatingly in demand upon those long battle lines in Europe? Is it chiropractics? Is it osteopaths? Is it Christian Science healers?

Those who seek to overthrow the regular practitioners found their assumptions upon a combination of superstition, and a wooden-faced denial of physical facts. They

Twelfth Edition

**POLK'S**  
**MEDICAL REGISTER**  
**and DIRECTORY**  
**OF**  
**NORTH AMERICA**

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**Ready December 1, 1916**

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come and go like the passing seasons. They make no great scientific discoveries. They garner no tomes of physical knowledge. They are found in the end to be based upon pretence, gullibility, supersition and esoteric moonshine.

The regular school makes mistakes. It needs watching. It should never emerge to that haughty eminence where it will not receive its full quota of brain-clearing, humility-preserving kicks, but forget not, brethren, it is the salt of the earth, and suffering humanity's one dim and distant star of hope."

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## ***Records, Recollections and Reminiscences.***

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### **ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERATE STATES**

*The Twenty-sixth Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederate States will be held at the Tutwiler Hotel, Headquarters of the United Confederate Veterans, Birmingham, Alabama, May 16, 17, 18, nineteen hundred and sixteen. All who served as Surgeons, Assistant Surgeons, Acting Assistant Surgeons or Contract Physicians, and Chaplains in the Army or Navy of the Confederate States are eligible to membership in the Association.*

*The objects of the Association shall be to collect all data possible relating to the Medical Departments of the Army and Navy of the Confederate States; to ascertain the military records of all the Officers and prepare a Roster of the same; to honor the memory of its deceased members; and otherwise, not already mentioned, to perpetuate the history of the said Departments and of this Association.*

*All members of the Association, and all who desire to become members, or who may be interested in the Association are earnestly requested to call at the room of the Sec-*

*retary, Dr. Samuel E. Lewis, at The Tutwiler Hotel immediately on their arrival in Birmingham. Any information desired previous to the time of the meeting will be cheerfully furnished by addressing the Secretary, Dr. S. E. Lewis, 1418 Fourteenth St., N. W. Washington, D. C.*

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## **Editorial.**

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### DOCTORS AND GOOD ROADS

There were over two hundred thousand students in the colleges of the United States last year, counting the number of pupils in the preparatory departments of these institutions, and the number of graduates made up a great army. Six per cent of these college graduates will become doctors. There are among them anatomists, bacteriologists, neurologists, gynecologists, laryngologists, ophthalmologists, allopathists, homeopaths, medico-legalists, mental hygienists and lots of others with just as long names, and yet only one million persons died in this country last year. How many more would have died but for the progress of medical science only a careful examination of incomplete mortality tables could show in a way. It is an encouraging sign that there are fewer and far better medical schools in the United States now than there were eight or ten years ago; for whereas in 1905-'06 there were 123 regular schools of medicine with 4,877 teachers and 24,927 pupils, in 1913-'14 there were only 86 regular schools with 6,466 teachers and 15,789 pupils. The courses of study are harder, the conditions of graduation more difficult, and the equipment of the schools superior to anything ever before known.

Most of the medical students who complete their courses follow their profession in the rural districts. They are not specialists, but do what is called a "general practice," and must have a general knowledge of all the 'ologies for which the specialists stand, because, as a rule, their patients do not possess large means and must depend for relief from their ills upon the sound judgment, trained skill and faithful service of the country doctor. There are thousands of them in the United States, which fact inclines the writer to say that every country doctor in this land ought to be an active worker in the good roads movement. It was said recently by a distinguished surgeon, when Congress was paltering with the provision that should be made for the medical branch of the mili-

tary service, that word was sent out to the doctors throughout the land about it and immediately they began to write letters. The effect was almost instantaneous and the desired provision was made. "There are thousands of them, and they represent one million voters," observed a wise old politician. They are closer to more people than the members of any of the other learned professions. They know what bad roads mean. They travel over them day and night every day and night in the year, and how impossible it is to reach their patients oftentimes when the issues are of life or death.

Even under the most favorable conditions, the life of the country doctor is hard, a life of self-sacrifice, or self-abnegation. He is about his business all the time. He comes when he is called and where. He lives for others and his work is the work of alleviating human suffering, comforting human sorrows, saving human life. He does not receive much applause from the world about him and does not care for it. His charity is unmeasurable, his rewards are insignificant. He practices his profession under the hardest conditions. As a general thing, his patients do not live in luxurious surroundings, but are of the plain people rather more worth the saving than they who dwell in kings' palaces, and he has to deal with them as he finds them, whether in lowly hut or grand mansion. Time with him and with the patient waiting his ministrations is oftentimes the deciding factor in life or death. Only a few days ago, in Washington, the Capital of the Nation, where the streets might well be called golden because of what they have cost, a woman who had been run down by an automobile died, as the attending physician asserted, because under the traffic regulations the ambulance dispatched to the scene of the accident was compelled to run so slowly that death intervened. Scores of cases could be cited doubtless by country doctors of deaths that might have been avoided had it been possible for them to reach the patients in time to minister prompt relief. It would have been possible but for the almost impassable condition of the roads on which they are compelled to travel on their missions of mercy.

Few people who live in the towns with paved and lighted streets can appreciate the fearful darkness that falls upon the roads in the country when the sun goes down, and it is by these ways that the country doctor must travel in rain and snow and wintry weather whenever the call comes for his services. He does his bit faithfully. There are few slackers in this tribe. Dr. William McLure, whose story is told in Ian McLaren's "Bonnie Briar Bush," was typical of his sort, and there are thousands like him in this country; and when he has worn out his life in service to his neighbors,

all the people of glen, highland or marsh pay him tribute, even if none thought of making his ways easier when he was riding to their relief. Taking men as they are in the large, the wonder is that there are any who would choose the profession of the country doctor, the most devoted and consecrated of all who serve humanity. It is feared that the country people do not think about it, else they would insist for their own protection upon the building of better roads, over which not only would they be able to transport their products and transact business, but by which in time of sorest need the country doctor could journey with expedition to those requiring succor.

It is for professional reasons and for the sake of humanity that the American Highway Association would invite the practical cooperation of the country doctors everywhere in pressing the good roads movement. If each one of their number would enlist in this great practical work and become an active evangelist of this new gospel, the effect would be almost instantaneous and the office-seekers and politicians would flock to the cause like doves to their windows. The time for working the roads with the best results is at hand, and if the country doctors could prevail upon the people in their respective districts to take hold of the subject in earnest the roads would all be improved before the next season begins. It is not meant that the work would be finished in a few short months, but that many of the rough places could be made smooth, and that the bottomless pits could be bridged over temporarily at least and until permanent work could be done. That would follow once the people could see for themselves what good roads mean for their personal comfort as well as their industrial profit. Physicians are described by one of the writers in the old Spectator as "a most formidable body of men."

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#### THE TENNESSEE STATE MEDICAL ASSOCIATION

The 83rd annual meeting of this representative organization of the regular medical profession in the "Volunteer State" held in Knoxville was a most enjoyable one. Thirty-five excellent and practical papers were read at the general sessions, in addition to those of the new section on Ophthalmology, Laryngology and Othology instituted at this meeting, and the discussions thereon were both incisive and instructive, and all who were present can be congratulated on their good fortune; while those members who were not in attendance have a rich feast of good things to be anticipated in the coming issues of the Journal of the Association. Through the courtesy of the very efficient Secretary, we are able to place before our readers in this issue the very able and scholarly address

of the President, who not only "said in passing" some very important truths bearing on the profession which he adorns and loves, but also acquitted himself most admirably and efficiently as a wielder of the gavel.

The registration of members present at this meeting was the second largest in the history of the Association, being most commendable, as the meeting was held so far away in the eastern division of our ribbon-shaped State. The middle and western divisions will have to "get a hustle" on or they will be left behind by our wise and progressive colleagues of the East. The committee of arrangements did their whole duty in arranging so excellent a meeting.

The "Speechless Banquet" on Wednesday evening was as unique as its menu, and the more than 200 guests were kept in a continuous roar of laughter from the beginning to the end.

The officers elected for the ensuing year were: Dr. C. N. Cowden, of Nashville, President; Vice-Presidents, C. J. Carmichael, Knoxville; J. T. Moore, Algood; J. L. McGehee, Memphis; Secretary, Olin West, to succeed Dr. Cowden as member of the Board of Trustees, and Treasurer, J. A. Gallaher; the two latter of Nashville.

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#### DO YOU KNOW THAT—

Sags in roof-gutters may act as mosquito-breeding places?

America's most valuable crop is babies?

The public cigar-cutter is a health menace?

The United States Public Health Service maintains a loan library of stereopticon slides?

The typhoid rate measures accurately community intelligence?

Whooping cough annually kills over ten thousand Americans?

Bad housing produces bad health?

Rocky Mountain spotted fever is spread by a wood-tick?

Walking is the best exercise—and the cheapest?

The United States Public Health Service administers typhoid vaccine gratis to Federal employees?

A little cough is frequently the warning signal of tuberculosis?

Bad teeth and bad tonsils may be the cause of rheumatism?

Unpasteurized milk frequently spreads disease?

The air-tight dwelling leads but to the grave?

Moderation in all things prolongs life?

The careless spitter is a public danger?

Twenty-six out of eighty-seven cases of typhoid fever, which occurred in a recent outbreak have been traced by the United States

Public Health Service to infected milk. Had the first cases been reported to a trained health officer the outbreak could have been stamped out promptly. When will we learn that disease prevention is sure and cheap?

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ATTENTION, THE S. P. C. S.!

The Federal Trade Commission has sent to Congress a preliminary report on the rise in the price of gasoline. It draws no conclusions, but presents masses of statistical information. Among the items noted in the press summary are:

Production of crude oil remained virtually stationary; gasoline contents of crude oil decreased; exports of gasoline increased from 188,000,000 gallons in 1913 to 238,500,000 gallons in 1914 and 284,500,000 gallons in 1915; for its 62 per cent of the gasoline produced the Standard Oil Company charged about 1 per cent a gallon less than the "independents" charged for their 38 per cent.

The last item ought to move the Society for the Prevention of Cruelty to Statesmen to do something. Consider the hard lot of the member of Congress with a large constituency of automobile owners. Confronted with angry complaints about the "high price of gas" he is deprived of his old familiar explanation.

He cannot dismiss the complaints with the classic vituperation of the "trust"—the "octopus"—for here is the Federal Trade Commission with its cold-blooded price tables! Truly the way of the statesman who deals in oratory meant only "for Buncombe County" grows harder every day.

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**POLLEN EXTRACTS IN HAY FEVER:**—An illuminating pamphlet on Pollen Extracts and their adaptability to the prophylaxis and treatment of hay fever comes from the press of Parke, Davis & Co.

"As regards the symptom complex known as hay-fever," says the booklet by way of introduction, "there is no doubt in the minds of the majority of authorities at the present time that it emanates from the pollens of the flowers of various grasses, shrubs and trees. Elliotson, in the early part of this century, was the first to suggest the relation of the pollens of grasses to hay-fever, but it was left for Blackey and later Dunbar and his pupils to definitely prove in a scientific manner this relationship.

"At present the pollen diseases are defined as a group of vasomotor disturbances, of seasonal periodicity, depending upon individual hypersensitiveness to the pollens of certain plants, and characterized by exudative catarrhal inflammation of the nasal, tracheo-bronchial, and conjunctival mucous membranes. In America two varieties of hay-fever are recognized—the spring variety, due to

the Graminaceae, especially timothy grass, and the autumnal variety, due to the Compositae, especially the ragweeds. \* \* \*

"It has also been established by Freeman, Goodale and others, as a result of much experimental and clinical work, that individuals who are susceptible to the proteid of one pollen are sensitive to proteids of other pollens of the same family, and that protection can be produced in the majority of patients by immunization with the extracts of the pollen of the most frequently encountered representative members of that family. Hence, Ragweed Pollen Extract will protect against members of the family of Compositae, and Timothy Pollen Extract will protect against members of the family of Graminaceae. These two extracts, therefore, will be found suitable for prophylaxis and treatment for the large majority of cases of hay-fever encountered in America."

In addition to the two extracts mentioned in the foregoing, announcement is made of a third product, Pollen Extract Combined. The three varieties are briefly described as follows:

"1. Timothy Pollen Extract, for the estimation, prophylaxis and treatment of the spring or vernal variety of hay-fever.

"2. Ragweed Pollen Extract, for the estimation, prophylaxis and treatment of the autumnal variety of hay-fever.

"3. Pollen Extract Combined, which may be used in either vernal or autumnal hay-fever, but is especially indicated in cases which begin early and last long, showing susceptibility to the early and late pollens."

The prophylactic and therapeutic use of the extracts is, of course, fully covered in the pamphlet, which also contains excerpts from articles by various well-known authorities—Ulrich of Minnesota, Freeman of London, Lowdermilk of Kansas, Koessler of Rush Medical College (Chicago), Cooke of New York City, and others. It is not extravagance to say that the booklet, which bears the title "Pollen Extracts," is a valuable contribution to our current literature on the subject of hay-fever. A copy of it may be obtained on request from Parke, Davis & Co., Detroit.

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HOW MUCH GOOD HAS BEEN ACCOMPLISHED since the adoption of "first aid" measures, the doctor realizes and often has occasion to admit.

Then, since surgical "first aid" is useful—both to patient and surgeon—why not Anodyne "first aid?" Bearing in mind that the doctor is not called in—as a rule—until the patient has become alarmed at his or her condition, after simple or home treatment has failed to relieve, or is at the end of the ability to bear pain or discomfort, is it not better to depend upon Anodyne "first aid" instead of the dose



of opiate, narcotic or "coal tar" taken by the patient on his or her own responsibility?

Anodyne "first aid" refers for example to K-Y Analgesic. K-Y Analgesic makes Analgesia attainable by the use of an external application. Being greaseless and water-soluble, K-Y Analgesic absorbs quickly—differing therefore in this important property from grease or oil—the ordinary ointment or lotion bases). It penetrates deeply, so that real analgesic effect is added to the property of counter-irritation. It relieves promptly and what is most important, its effect is generally prolonged. Furthermore, being itself incapable of doing harm, K-Y Analgesic can be used *ad libitum* and as often as necessity dictates. It does not stain skin or soil clothing. It washes off quickly and easily. For the relief of pain, such as neuralgia, headache, rheumatic, or to relieve soreness such as in sprains, stiff joints, lumbago, etc., K-Y Analgesic will prove a reliable and useful Anodyne "First Aid" to keep the patient comfortable between the doctor's visits and to enable him to attain analgesia without having to use agents internally or hypodermatically whose action might mask important symptoms or modify them so as to obscure or delay diagnosis.

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**THE LIVER IN AUTOTOXIC ILLS:**—The liver, as the largest gland in the body and the one that is called upon to do the most work, is to a certain extent both the "clearing house" and the repository" of the body's nutritional reserve. It is easy to understand, therefore, how even a slight disturbance of its functions, may be followed by serious consequences throughout the whole organism.

Realizing this, it is little wonder that the trained clinician is so keen and prompt to take steps to prevent the continuation of hepatic derangements. Undoubtedly it is zeal in this direction that has led so many physicians to prize Chionia, for they have found it a remedy that can be relied upon not only to restore and maintain hepatic activity, but happily without exciting excessive or objectionable bowel movement. The exceptional therapeutic efficiency of Chionia therefore, in all functional disorders of the liver has made it one of the most valuable and practically useful remedies at the command of the practitioner who realizes the paramount importance of assuring hepatic activity, especially in ills of an autotoxic character.

---

"ON account OF the extraordinary action of Tongaline on the liver, the bowels, the kidneys and the pores, I have found it a really wonderful medicine, because it expels so rapidly and thoroughly the poisons and germs which are the cause of rheumatism, grippe, lumbago, etc."

**WHEN THE PHYSIOLOGIC PROCESS OF THE BOWEL NEED STIMULATING:**  
—In the day of extremes, the practitioner must not let the success obtained in certain cases of bowel stagnation, by the use of "intestinal lubrication" blind him to the fact that paraffin oil is essentially restricted in its indications. To employ it indiscriminately in all cases of constipation means a complete failure to get results in many instances—and the consequent discrediting of a remedy of undoubted value when properly used.

As a matter of fact, in a large proportion of cases of constipation there is atonicity of the muscular coat of the intestines, together with marked decrease of glandular activity. Measures to impart tone to the bowel musculature and increase the glandular secretions are therefore imperative and no remedy has been found more effective for these two main purposes than Prunoids. This has proven itself a true corrective of constipation of functional origin, its effect on the physiologic processes of the bowels not only assuring a prompt restoration of intestinal activity, but with gratifying freedom from all griping or reactionary constipation. The most casual test will show Prunoids to be a true physiologic laxative that can be used with every confidence in the permanency of its benefits.

---

**THE THERAPY OF NEUROTIC STATES:**—The bromides have served no more useful purpose than in those unstable nervous states so frequently met with in women, and yet owing to this very instability their administration must be supervised with the greatest care if the patient is to be guarded from the disadvantages which accompany the use of these salts.

The fact that *Bromidia* (Battle) represents the therapeutic height of the bromides and is free from their disagreeable side-effects, has made this bromide preparation a great favorite in the treatment of female neuroses.

From it may be expected the full therapeutic effect of the bromides with the further advantage of freedom from the untoward effects of hastily prepared bromide mixtures.

Gastric intolerance is obviated by the extreme care exercised in choosing the contained drugs in *Bromidia* (Battle) and in compounding them.

---

"TONGALINE TABLETS have given my wife quicker relief for rheumatism, with which she is afflicted, than any other remedy. Tongaline Liquid is one of the principal ingredients in all my prescriptions for rheumatic and neuralgic complaints. Furthermore, I find it very efficacious for a rheumatic condition which I acquire as the result of exposure from riding."

DEFECTIVE ELIMINATION readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise; thus *cause* and *effect* form a circle which must be broken by rational therapeutic treatment while proper hygienic conditions are being re-established.

*Cystogen-Aperient* (*Granular Effervescent Salt*) performs a *double service* by stimulating to normal function and by disinfecting the intestinal urinary tracts. Specially indicated in the treatment of gouty conditions and auto-intoxication of self-poisoning diseases, such as pellagra, typhoid, etc.

*Cystogen-Aperient* is not presented as a saline purgative, but as a rational therapeutic aid whenever treatment is based on elimination; it combines the *laxative and tonic* properties of Sodium Phosphate and Tartrate with the *diuretic urinary-antiseptic and solvent* action of Cystogen ( $C_6H_{12}N_4$ ).

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THE OPIUM HABIT:—Since the passage of the Harrison Act, the management of opium habitues has been a problem with the profession. Various agents have been employed for the purpose of adding to the victim's moral resistance and to take the edge off of the inordinate craving for the accustomed narcotic.

It has been found by a large number of physicians that nothing seems to exert such a beneficial influence on opium fiends as *Pasadyne* (Daniel), and it is recommended in every instance of addiction.

*Pasadyne* (Daniel) is simply a concentrated tincture of *passiflora incarnata*, and has a powerful influence over the higher concentrates. As a calmative, especially in women, *Pasadyne* (Daniel) is of the highest worth. Besides its marked therapeutic power, it has the further advantage of innocuousness. Sample bottle by addressing Laboratory of John B. Daniel, Inc., Atlanta, Georgia.

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THE BOWELS ARE SECRETORY AS WELL AS EXCRETORY ORGANS:—It is the failure of the secretory function of the bowel, together with a poor bile secretion, in nine cases out of ten, that is responsible for constipation.

Most cathartics altogether overlook this factor and address themselves solely to a stimulation of the musculature. Some even inhibit intestinal secretion. The result is a rapid, unsatisfactory bowel movement, followed by paralytic reaction.

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**NASHVILLE, TENN.**

**ALIENISTS AND NEUROLOGISTS**—The *Chicago Medical Society* announces the fifth annual meeting of Alienists and Neurologists of the United States, to be held under the auspices of the Chicago Medical Society, June 19 to 23, 1916, at La Salle Hotel.

Physicians are invited to attend these meetings and participate by paper or take part in the discussion of the various subjects and other matters that may come before the conference.

There has been no branch of medicine so neglected as the study of mental diseases and psychology.

There should be a great reform in this respect within the near future. For further information, write to Dr. W. T. Mefford, Secretary of Conference, 2159 Madison Street, or Dr. Wm. O. Krohn, Chairman, 29 East Madison Street, Chicago, Ill.

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**DANGER DUE TO SUBSTITUTION**:—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**"SPRING TONIC"**:—In the good old days it was thought that winter left everyone run down and in urgent need of a tonic, and the ingenuity of the doctor as well as housewife was drawn upon to provide a tonic that would be potent as well as palatable. But to-day the skill of the manufacturing chemist has made it possible to employ that best of tonics, cod liver oil, in the spring, summer and whatever other seasons the patient may demand it. In the form of *Cord. Ext. Ol. Morrhuæ Comp.* (Hagee) the profession has at its command a palatable cod liver oil preparation that introduces into the system the every nutritive quality of the crude oil.

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NO SHORTAGE OF PEPTO-MANGAN (GUDE):—It affords us pleasure to call special attention to the advertisement of Pepto-Mangan in this issue.

It will be noted that plentiful supplies of this hematinic are again available after a brief shortage of stock, due to unexpected delays in the fitting up of a new and thoroughly modern laboratory for its manufacture in New York City.

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THE TONGUE is the title of a very interesting and neatly printed booklet, published by Messrs. Reed and Carnrick, 42-44-46 Germania Ave., Jersey City, N. J., of 24 pages, beautifully illustrated with 12 colored delineations of this important organ in various morbid conditions. Although the tongue does not always tell the truth, in any examination of a patient, about the first request made by the doctor is to see the tongue, as it is often a reflector of the physical condition of the patient, and an aid in diagnosis as well as prognosis. Write to Messrs. R. and C. for a copy, and you will obtain some very valuable and suggestive hints and points that will be of service to you in your work.

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MEDICAL GYNECOLOGY:—The general practitioners who are called upon to treat *Dysmenorrhea and Menorrhagia*, will find in Hayden's Viburnum Compound a remedy of established worth.

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Prescribe teaspoonful doses to be administered in hot water and be sure that genuine Hayden's Viburnum Compound, and not a substitute, is given your patient.

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THE AMERICAN PROCTOLOGIC SOCIETY will hold its eighteenth annual meeting at the Hotel Staton, Detroit, Mich., June 12 and 13, 1916. Quite a number of papers and essays by leading practitioners of this specialty have been promised, and a most satisfactory meeting can be confidently anticipated. For additional information write to Dr. Alfred J. Zobel, 518-520 Shreve Building, San Francisco, Cal.

**LADIES TO THE FRONT:**—The April issue of our excellent contemporary—*The Texas Medical Journal*—"The Red Book," edited by Mrs. F. E. Daniel, presents a novel feature in medical journalism, in that all the original articles were written by women. "Women have been contributors frequently before, and this issue merely assembles a number of their contributions in order to call attention with some force to the fact that women not only are practicing, with much success, but that they know how to present their studies and conclusions in readable form."

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## Selections

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**ETHER AS AN ANESTHETIC:**—The eminent Philadelphia surgeon and author, Dr. William W. Keen, delivered an address on the "Dangers of Ether as an Anesthetic" at the Massachusetts General Hospital, October 16, 1915. This date was the sixty-ninth anniversary of "Ether Day." The address is published in full in the *Boston Medical and Surgical Journal* of December 2, 1915. An abstract of Dr. Keen's views may be read in the *Journal of the American Medical Association* of December 18, 1915. For his material statistics Dr. Keen addressed a question to the members of the American Surgical Association, eliciting sixty-seven replies, in twenty of which the figures were exact. These twenty showed that among 262,002 etherizations there were 34 deaths, or one in 7,706 cases. There were forty-seven other returns, in which the estimates were only approximate; these gave 356,500 cases, with 73 deaths, or one death in 4,884 cases. Both the estimated and the exact reports show that in the United States there are three times as many deaths from ether as in Great Britain, and this, Dr. Keen asserts, calls loudly for reform. To effect this reform the dangers of inflammability, of an inundation of mucus, respiratory dangers, anuria, acidosis,



glycosuria, and post-operative pneumonia are considered at length.

In concluding Dr. Keen states that in his opinion "Straight ether, by the open drop method, or an Alilis inhaler, or a simple mask, is by far the best and safest routine anesthetic."

Since it is evident that we should obtain better results, Dr. Keen advises: (1) The training of many professional anesthetists; ((2) the use of an anesthesia chart in all cases; (3) the collection of statistics by the American Surgical Association every five years; (4) the instruction of all medical students in the theory and practice of anesthesia; (5) straight ether by the open drop method, as a routine method, instead of mixtures and sequences. I believe all of the latter to be more dangerous than ether; (6) more accurate dosage of the ether by the anesthesiometer as a gas on the basis of its anesthetic tension, i. e., the partial pressure of the ether vapor in the respired air. Every case of anesthesia requires unremitting watchfulness from the first to the last.—*Indianapolis Medical Journal*.

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AN ALLEGED SUCCESSFUL TREATMENT OF DISEASE CARRIERS:—A successful treatment of disease carriers is possible in theory when the microorganisms are strictly localized in an accessible region, the criterion of success being the disappearance of the said organisms. In the case of diphtheria, simple sterilization of the upper air and food passages by local means has indeed been pronounced a failure in certain cases, and immunizing injections have been superadded; while as for cerebrospinal meningitis disinfection of the nasopharynx of suspects and convalescents cannot be regarded as necessarily conferring protection to the community. This was the status of the subject before the outbreak of the present war, but in a communication before a military medical evening at Cologne last summer (*Deutsche medizinische Wochenschrift*, September 9), Kuster

claimed that an intensive local disinfection is alone able to jugulate an epidemic. Several cases of epidemic cerebrospinal meningitis having appeared in the fortress of Cologne, examination of the nasopharyngeal secretions showed that every other man was a carrier. A preparation which liberated chlorine was improvised and was inhaled in spray form, the exposure lasting a full hour, and the treatment being repeated on the two succeeding days. At the end of this period soldiers who had presented virulent microorganisms in the nasal and faucial secretions—meningococci, Klebs-Loeffler bacilli, and staphylococci—were pronounced sterile.—*Med. Journal.*

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A NEW COMMANDMENT:—*The New York Times* has discovered the American College of Surgeons and quotes as an exciting bit a portion of its pledge to avoid the sins of selfishness, unwarranted publicity, dishonest money seeking and commercialism; and those other obligations which brand fee splitting as a despicable practice and encourage the education of the public to the value of the diagnostic services of the family physician. It would do no harm for every physician to read and ponder and memorize that portion of the obligation, which is as follows:

"I pledge myself, as far as I am able, to avoid the sins of selfishness; to shun unwarranted publicity, dishonest money seeking, and commercialism, as disgraceful to our profession; to refuse utterly all secret money trades with consultants and practitioners; to teach the patient his financial duty to the physician, and to urge the practitioner to obtain his reward from the patient openly; to make my fees commensurate with the service rendered and with the patient's rights; and to avoid discrediting my associates by taking unwarranted compensation."

Some of us have a framed illuminated copy of the *Hippocratic Oath* hung up in our offices. We might never have known what it was but for the enterprise of a patent medicine house. Should we have lapsed into the habit of re-

garding it as an archaic curiosity, let us take it more seriously to heart and add to it this thoroughly sound teaching of the American College of Surgeons.—H. G. W., in *Long Island Medical Journal*.

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ADMINISTRATION OF EMETINE DURING PREGNANCY AND MENSTRUATION:—*The New York Journal* of December 4, 1915, quotes A. J. Chalmers and D. Papatheodorou, in the *Journal of Tropical Medicine and Hygiene*, as reporting their clinical experience in relation to the possibility of treating amebic dysentery in pregnant and menstruating women with emetine hydrochloride, in view of its known utero-tonic effect. The conclusion reached was that a half-grain (0.03 gramme) daily dose of emetine is the maximum which can be given safely in pregnancy. Even the effect of these doses should be carefully watched and no more of the drug injected than is required to kill amebas in the stools, all question of a complete cure being set aside until after delivery. It appears advisable to the authors, likewise, not to administer emetine during the menstrual period, though if it is urgently required, it can be given without causing serious harm, and continued in the intermenstrual period. In one of the authors' cases menstruation appeared during daily administration of half-grain doses of emetine, but suddenly ceased on the second day, and did not reappear, though the injections were stopped. Subsequent periods, in the absence of the drug, proving quite normal, the previous menstrual arrest is ascribed to the simultaneous use of the remedy.

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ARTERIOSCLEROSIS AS A CELLULAR DISEASE:—Louis Faugetes Bishop, in *New York Medical Journal*, December 18th, states that the disease called arteriosclerosis, which is really cardiovascular renal disease, is primarily due to a disturbance of metabolism extending over a long period of time. This disturbance of metabolism consists in sensitization of the cells of the body to particular proteins ordinarily

found in food. Meat proteins are most often to blame. Fish and egg proteins are sometimes to blame. This process is sub-symptomatic for five, ten, or fifteen years, until such a time as a sufficient number of cells have been destroyed to impair the functions of the organs. This gives rise to symptoms and the disease is discovered. The remedy for the disease is to be found in the discovery and removal from the diet of the offending proteins, and in the correction of metabolism by physical methods, particularly exercise; attention should also be directed to the intestinal tract. We cannot throw overboard all that has been said of late years as to autointoxication, intestinal stasis, and so on, but there is a remedy which is the best for dealing with the intestinal condition and that is several doses of castor oil. In addition to this we have to treat the individual. The psychical side of these persons is very important; they need assurance.

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**ERYSIPELAS TREATED WITH WHOLE BLOOD FROM CONVALESCENT PATIENT:**—A. D. Kaiser (*Arch. Pediat., Amer. Jl. D. W. and Child.*) reports a case of erysipelas in a girl six years old. Attempts to check it early were made with the usual methods—antistreptococcus serum, leukocyte extract and so forth. They seemed to have no effect on the course of the disease, the child's condition gradually becoming worse. Several ounces of citrated whole blood were withdrawn from a convalescent case of erysipelas and injected into the muscles of the child. Within twelve hours the temperature had dropped to 100 degrees and in twenty-four hours was normal and remained so thereafter except for a slight rise one evening. Coincident with the drop in temperature was a marked local and general improvement, followed by complete recovery within a few days. It is urged in severe cases where the outcome looks dubious to use this method if a suitable donor can be obtained.

**THE HEALTHFULNESS OF CRYING FOR INFANTS:—**A "good cry" is an expression often made use of, and at first sight it seems decidedly misapplied, but upon a little consideration it will be allowed that after all in many instances it is not an inappropriate term. Of course, crying is usually associated in one's mind with grief or pain, although even when such is the case, crying is a relief and thus does good. There are many occasions, however, when crying, and violent crying, is of the most decided benefit to children. In reference to this, the Hospital says: "In children a great change takes place during crying in the manner in which the respiration is carried on. Expirations are prolonged sometimes for as much as half a minute, and are interrupted by short inspirations. During expiration, the glottis is contracted so that intrapulmonary pressure rises considerably, and there can be but little doubt that it is the equal distribution of this increased air pressure throughout the whole of the chest leading to dilation of portions of the lung that have become more or less collapsed, that is the explanation of the great benefit which often results from crying in cases of infantile bronchitis, and of the large discharge of bronchial mucus which so often follows. Children may become very blue during the paroxysm, but the deep respirations, which succeed quickly, restore the circulation to a better condition than before in consequence of the large lung space available. It might be added, that in cases of empyema, too, when pus has collected, that if a child when being operated on cries, it is a great help towards getting rid of the purulent matter.—*Pediatrics*.

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**"KVITE KORRECT:—**An applicant for a teacher's certificate in Kentucky answered an examination question by defining "blunderbuss" as "kissing the wrong girl." Dictionary or no dictionary, we would have given that girl a first-class certificate.—*Houston Post*.

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## *Original Communications.*

### FRACTURES OF THE LOWER END OF THE HUMERUS.\*

BY DUNCAN EVE, M.A., M.D., F.A.C.S.,

*Professor of Surgery and Clinical Surgery, Vanderbilt University, Medical Department.*

Fractures of the lower end of the humerus are known as fractures in, or near the elbow joint, and include the external condyle; internal condyle; internal epicondyle; base of the condyles; T or Y shaped fractures of the condyles; epiphyseal separations and fractures of the capitellum. There may be more than one fracture, or we may have a complication of a dislocation of the humerus, or of one or both bones of the forearm. They are most frequently met with in childhood and are rarely compound, except in the T or Y shaped fracture.

In all fractures of the elbow there is usually considerable swelling, and this makes the early diagnosis quite difficult. In all cases the X-rays should be used and examination made while the patient is under ether. If swelling is too great

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\*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, May 2nd, 1916.



to determine a diagnosis, it is well to wait until much of the swelling can be reduced by one of the following methods:

Bandage the arm and forearm, rest in semiflexed position on a pillow, and apply evaporating lotions or even an ice bag for a day or two; or, use Gerster's plan by applying an Esmarch bandage from the hand to well above the seat of fracture, which will drive away extra-articular swelling in a day or two and permit of a thorough examination.

Compare the injured with the sound elbow. Feel for the radial pulse. Note the "carrying angle," swelling and localized discoloration or ecchymosis. Measure each arm from the tip of the acromion process of the scapula to the tip of the external condyle of the humerus. Feel for the tips of each condyle, olecranon and head of radius and mark with ink each of the above points, after noting if the bony prominences are movable or not. Observe the relations between these points of each elbow in flexion and extension. Scudder claims, "that in an uninjured elbow a straight line transverse to the long axis of the limb with the joint in extension will pass through the condyles and leave the tip of the olecranon just a shade above it; but when the elbow is at a right angle, these three points will be found in the same plane with the back of the upper arm." Rotate the forearm while your left thumb is held against the head of the radius. Make flexion and extension of the elbow again to determine if there is any lateral motion and the presence or absence of crepitus, mobility, deformity, etc.

A fracture of the external condyle runs into the joint and the capitellum is usually detached. The injury is very frequent in young children, being due to falling on the outstretched hand, but may occur from direct force. The symptoms are severe pain, great swelling and a projection is noted on the outer and posterior surface of the elbow. Crepitus and mobility are discovered on pressing or moving the condyle and on rotating the radius. There is disturbed function and the forearm is semiflexed and supinated.

The line of fracture of the internal condyle runs into the joint to the trochlear surface of the humerus. The cause is nearly always direct violence as a fall on the condyle. This fragment of the condyle, accompanied by the ulna, goes upward and backward, and when the forearm is extended the olecranon projects posteriorly, and the lower end of the humerus can be felt in front. Crepitus and mobility can be detected by flexing and extending the forearm. Other symptoms that are pronounced are the space between the condyles is wider than normal, the forearm takes a bend towards the ulna side, because the broken condyle ascends, producing loss of "carrying function," or the deformity known as gunstock deformity.

The inner epicondyle is an epiphysis which unites during the seventeenth year. It not infrequently breaks from muscular action or from direct violence. The fracture does not involve the joint. Crepitus and mobility can usually be detected. Displacement is slight. The X-ray is sometimes required to make a diagnosis. DaCosta claims the *outer epicondyle* is never fractured alone.

Fracture at the base of the condyles, or supra-condylar, as it is usually termed, occurs at the expanded portion of the lower end of the humerus, just above the condyles and level of the tip of the olecranon and is on a higher level behind than in front. The cause is direct force acting upon the olecranon and indirect force as a fall on the outstretched hand. The symptoms are pain from injury to the median or ulnar nerve, crepitus, mobility, displacement and loss of function. The lower fragment is drawn backwards and upwards by the action of the triceps, biceps and brachialis anticus muscles. The lower end of the upper fragment projects in front of the joint, and the lesion is sometimes mistaken for a dislocation of the bones of the forearm backwards. This, as you know, can be differentiated quickly by applying the following tests: In fracture the limb is mobile, in dislocation it is rigid. In fracture the deformity is easily

reduced and strongly tends to recur; in dislocation the deformity is reduced with difficulty and does not tend to recur. In fracture there is shortening of the arm, but not the forearm; in dislocation there is shortening of the forearm, but not the arm. In fracture there is a sharp projection above the crease of the elbow; in dislocation there is a smooth, large projection below the crease in front. Of all the elbow fractures, this one is the easiest to diagnose. The forearm is semiflexed and midway between pronation and supination.

The T or Y-shaped fracture of the condyles consists of a transverse fracture above the condyles plus a vertical fracture between them, and of course into the joint. The fracture is often compound and the cause is violent direct force applied posteriorly on the olecranon, which acts as a wedge to separate the condyles. The symptoms are increased breadth of the joint, mobility, crepitus, great swelling, pain, disturbed function and mounting up of the inner condyle back of the elbow on the inner side and the outer condyle back of the elbow on the outer side. Crepitus can be best determined by the surgeon grasping the hand of the injured member with his right hand and making a swinging lateral motion of same while his left hand is holding the back of the patient's elbow. The forearm is semiflexed, supinated and the "carrying function" lost.

Separation of the lower epiphysis of the humerus is quite rare, and the symptoms, cause and treatment are much the same as the supra-condylar fracture. It can be differentiated from a fracture at the base of the condyles, by the age of the patient, soft crepitus and the projection in front above the crease of the elbow is smooth and not sharp. The future growth of the humerus may be retarded, as well as late deformity may occur as a result of the injury.

The capitellum is that portion of the external condyle of the humerus which is covered with cartilage and articulates with the head of the radius. The cause of fracture is much the same as the external condyle, especially falls on the

hand. The symptoms are pain excited by motion, limitation of movements of the joint to 45 degrees flexion and 140 extension. Swelling is sometimes marked on the radial side, and tenderness over the external condyle near the articular surface. Later, ecchymosis may appear, as well as thickening under the upper portion of the supinator longus. When complete separation of the capitellum and displacement occurs, then crepitus will assist in making a diagnosis. It is best in any event to rely on the X-rays, and the same might be said when a fracture is suspected of the trochlear surface of the internal condyle.

A few words about the prognosis of fractures in or near the elbow joint. I agree with Dr. A. P. C. Ashhurst, in his statement, that in the vast majority of cases the ultimate results should be satisfactory. Jones, of Liverpool, claims that the two greatest causes of impaired function are blocking by callus and stiffness from traumatic arthritis. I would add another as prominent, viz.: Failure to properly reduce the fracture. It can't always be done, especially if an anaesthetic is not given; but in nine-tenths of the cases there is no excuse for not making complete reduction. Murphy thinks all bad results are due to failure of reduction.

As stated, in some of these fractures it is not only difficult to obtain reduction, but in some impossible to maintain reduction except by an open operation and fixation; notably is this true in the inter-condylar or T fracture, with marked separation of fragments. If we can only content ourselves that the fracture has been properly reduced, while the patient is under ether; have used the X-rays to make or confirm the diagnosis and use X-rays again after the dressings have been applied, being sure that the fragments remain in good apposition; our results, so far as restoring function, would in the majority of cases be satisfactory. Nevertheless, I am always cautious as to what I predict to the patient or the patient's family.

In treatment of all cases except transverse fracture above

the base of the condyles, reduction is best effected by drawing upon the forearm, supinating it, extending it, and then bending it slowly into a position of acute flexion; the degree of flexion being in inverse ratio to the amount of swelling. In supra-condylar or transverse fracture above the condyles, reduction is easily effected by drawing the forearm and the lower fragment downward and forward, while at the same time pushing the upper fragment back. As stated, always give ether before attempting a reduction, especially should this advice be adhered to with children.

Some surgeons after reduction advocate dressing these fractures on an anterior angular splint, the forearm being fully supinated. The advantage claimed for this plan is that if ankylosis occurs the joint is in a position to be useful, which is not the case if the forearm is ankylosed in extension. There is serious objection to the use of the anterior angular splint for a fracture of the internal condyle, as more or less deformity is apt to result from want of proper pressure directly over the condyle; but in the transverse fracture at the base of the condyles this splint answers a good purpose for not only correcting deformity, but for sufficient immobilization. However, the splint must not be applied when there is much swelling—reduce this first by the plans advised, or even by aspiration. To properly apply this splint, pad or pack its outer surface, being careful to place thick, soft pads over the angle which will press in front of the elbow and at each end of the splint. First fasten the upper end to the arm with a strip of adhesive plaster, then make extension of the forearm and fasten the hand and forearm to the splint with adhesive plaster. If the hand and forearm are first fixed to the splint, there will be no extension from the elbow and deformity will result. If slight posterior projection exists, a pasteboard or leather cup should be molded over the back of the elbow. The forearm is hung in a triangular sling suspended from the neck. At night the forearm is kept in the sling

or laid on a pillow. Every third or fourth day, the splint should be removed, the arm and forearm well rubbed with alcohol, slightly massaged, and the splint reapplied. The splint should be worn, if a middle-aged person, between five and six weeks. At the end of the third week, after removing the splint, slightly flex, extend and pronate the forearm, and reapply the splint. At the end of the fourth week repeat this manipulation, making the movements of greater range. At the middle of the fifth week and at the end of the fifth week, do it again, and especially flex and extend as much as possible. Very early and very frequent passive motion is objectionable, as it leads to overproduction of callus and ankylosis, but passive motion as suggested is very necessary. In very stout persons an anterior angular splint will not stay in place. In young children the anterior angular splint should not be used.

Allis, of Philadelphia, advocates treating all fractures at or near the elbow, in the extended position. He claims this position secures the best circulation and restores to a greater extent the "carrying function."

No other authority or surgeon that has tried treatment of these fractures in the extended or straight position seems to agree with Dr. Allis, except in compound and very comminuted conditions of the inter-condylar, T or Y fracture, when possibly the extended plan of treatment should be selected.

Jones, of Liverpool, claims that splints and bandages are responsible for the stiffness and deformity which so often results from elbow fractures. He recommends *acute flexion* in all fractures in or near the elbow, except the olecranon, and has shown that the position of acute flexion forces the fragments into place and holds them firmly between the coronoid process of the ulna, the trochlear surface of the ulna, the fascia, and the triceps tendon. It is important to note that the radial pulse must be felt after the elbow has been acutely flexed. Flexion is maintained by fastening a

bandage around the wrist and neck. The bandage around the neck can be passed through a large rubber tube, which protects the neck from excoriations. The ball of the thumb of the fractured member should rest on the neck. The bandage can be fastened to a leather band around the wrist or to a glove, the fingers of which had best be cut off.

After the dressing has been made certain precautions are necessary. For the first week or ten days, examine the member daily. If the swelling increases or much pain is complained of, diminish the degree of flexion. Also if the radial pulse becomes weak or disappears, diminish the flexion until the circulation is normal. Jones' position is usually maintained from three to six weeks. After the first two weeks lower the wrist an inch or two. At the end of three weeks make a little passive motion, just the same as when the anterior angular splint is used. If the fracture is near the groove of the ulna nerve, the callus will be apt to entangle and press upon the nerve, and an open operation should be done to fixate the fragment or fragments.

If gunstock deformity results, with great loss of function, an osteotomy should be made on the inner condyle and the arm kept in an extended position for four to six weeks.

Ashhurst has carefully studied the mechanism of Jones' position and demonstrated its advantages in a large series of cases, and claims that any flexion short of hyperflexion does not abolish the lever action of the forearm. When the member is short of very acute flexion, he thinks the slightest adduction or abduction of the forearm may cause marked rotation of the lower fragment of a fractured humerus, and it might be an exceedingly difficult problem to control this distortion. In the position of hyperflexion the leverage of the forearm is completely abolished and the distorting influence of the muscles that span the elbow is largely eliminated "with the elbow in the acutely flexed posture, the triceps acts as a natural splint for the lower end

of the humerus. It covers the extensor surfaces of the condyles, and spreads out beyond the joint in a broad and powerful aponeurosis." Hyperflexion does not mean merely acute flexion; it is the most acute flexion in which the elbow can be fixed without obliterating the radial pulse. Varying with the amount of swelling at the elbow, as well as with the muscular and adipose tissue of the arm, the angle at which the joint can be flexed generally ranges between 20 and 35 degrees. It is remarkable to notice the extreme flexion obtainable in some fractures.

Ashhurst advises that the forearm be flexed upon the arm with the axes of both coinciding. He does not care if the forearm is pronated or supinated. We like the supinated position with the thumb pointing directly outwards. A piece of gauze is placed in the bend of the elbow. For immobilization, an ordinary roller bandage is used. First bandaging the hand (leaving the fingers exposed), several turns are made around the wrist. The lower end of the ulna is protected by absorbent cotton. The bandage is carried from the wrist around the upper arm as near the axilla as possible, and is then brought around the wrist again. This circular turn around the forearm and arm is repeated, the turns being carried nearer and nearer the elbow, and held together by adhesive strips. Ashhurst finishes the bandage around the neck in order to make a sling for the elbow. The dressing is removed every few days and the employment of passive motion, etc., as already outlined.

In conclusion, I would state that we are gradually leaving off the use of splints in the treatment of fractures of the elbow and find ourselves using more and more the Jones position with Ashhurst's suggestions or modifications.



ETIOLOGY, SYMPTOMOLOGY, AND TREATMENT OF  
ACUTE RHEUMATISM.\*

BY JOHN S. FREEMAN, M.D., SPRINGFIELD, TENN.

Rheumatism, if not the most dangerous of human affections, is one of the most painful. It is no respecter of persons, and affects the rich and the poor, the underfed and the overfed, and the medium fed. It is a disease of all seasons, but is more prevalent in the fall and winter months.

It seems to be a disease of early adult life, usually between the ages of sixteen and thirty-five. It is rare that we see a case of acute rheumatism in an individual after the thirty-fifth year who has not had a previous attack, and after the fiftieth year it is very rare indeed.

As to the real cause, we know but little. We know that cold and dampness are predisposing causes and that a severe dry cold does not predispose as much as a moderate degree of cold with moisture.

It is the popular opinion that cold, wet weather is the cause of the disease, and it no doubt is a great factor. It is none the less certain that heredity plays a great part; that it runs in certain families is not disputed. However, one in whose family there has never been rheumatism may, in the course of time, develop the disease, but the majority of cases occur in people who have a hereditary tendency to the disease.

This is indicated by the presence of the disease in childhood, and by the repetition of the disease in the same individual's life.

As to the exciting cause there are many theories. Some cling to the idea that it is due to uric acid in the blood; others, that it is a toxemia due to the fermentation of the uric acid; while still others claim it is a micro-organism, or a multiple micro-organism.

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\*Read before the Robertson County Medical Society, April 18, 1916.

It is probable that the exciting cause is some specific bacterial intoxication; however, no causative bacteria have been discovered.

Various observers have, however, cultivated from the inflammatory exudate from the rheumatic patient different micro-organisms which were capable of producing arthritis and endocarditis in the lower animals.

There are many theories on the action of the bacteria and the ones producing the disease. To my mind, the theory of Dr. Schafer is the most practical. In his research for a treatment of this disease he found that in a series of investigations the presence of multiple infection in a majority of the cases, and based his theory on three facts:

1. That practically all acute and many of the chronic diseases are caused by the metabolic products of pathological bacteria.

2. That the human subject is the host of micro-organisms that are pathologically latent, but capable of setting up diseases under certain conditions.

3. The growth of infecting organisms can be arrested and their effect neutralized by products derived from their development in an artificial media.

That being true, and it looks practical, that rheumatism must be produced from a toxine produced by some one of these bacteria aggravated by others of different strains, where the conditions were not favorable for that special disease and yet the resistive powers were not sufficient to kill these latent bacteria. They form a product, a toxemia, which must, at least for awhile, be accepted or rejected as the cause of rheumatism.

*Symptomology.*—The onset of rheumatism is usually rapid. It may be marked by chills, with rapid rising fever, the patient suffers from indefinite pains in the bones and joints. Or, it may be rushed in with sudden pains and swelling in one or more joints, and may rapidly extend to the whole body in a short time.

There is practically always a rise in temperature, 101 or 102; the urine is usually scanty, high colored, highly acid, with a copious sediment of urates, and there may be albumen and casts. The skin is usually bathed in an acid perspiration, evolving a very sour odor. The pain is usually very severe, movements increasing it, and sometimes the weight of the bed clothing may cause extreme discomfort. Usually more than one joint is affected, the most often attacked are the knee, the ankle, elbow, shoulder and hip. Those joints not covered by a heavy layer of muscles—for example, knee, elbow, wrist and ankle—show much more swelling than the ones covered by the heavy muscles, such as the hip and shoulders.

The affection may be on one joint today and another tomorrow, and it is a singular feature that the corresponding joints of the two sides of the body, both knees or both ankles, are simultaneously affected.

While the affected parts may become permanently ankylosed, yet the principal dangers are the heart involvements, endocarditis or pericarditis, chorea and iritis.

The duration of the disease is about two weeks, but may run much longer. Another unpleasant symptom after the patient seems to be practically over the attack is the sudden return of the swelling and the pain.

*Treatment.*—This brings us to by far the most important part of the disease, that of the treatment. Rheumatism is a very hard disease to treat. Just when we think we have produced a cure or the patient has gotten well, we have a repetition of the disease. But the patient should be put to bed and on a good, soft mattress, and covered with blankets. He should first have a purgative, say calomel, five to ten grains, followed by salines or oil.

The salicylates are supposed to be a chemical antidote to the toxemia causing the disease, but there is much doubt in my mind whether the salicylates have any action whatever as an antidote. I think that the results we get from

the salicylates are not from the chemical action upon the poison producing the disease, but upon the elimination; salicylate of soda is a powerful diaphoretic, when given in large doses causing intense sweating. The great trouble in giving the proper amount of this drug, is the effect that it has on the stomach. From sixty to seventy-five grains should be given in twenty-four hours. This may be given in small doses, often repeated, or in one or two doses. I prefer the latter. It is said to have a special effect upon the rheumatic pain.

Some advocate the application of salicylic acid and turpentine to the joints. The swollen joints are sometimes relieved by application of heat. The joints should be wrapped in cotton, covered with oiled silk, which will protect the rheumatism and keep at an even temperature. Sometimes the application of splints adds much to the comfort of the patient.

After the acute stage is over the joints can be much improved by a gentle massage, warm steam baths and electricity.

The serum treatment, I think, offers us more for the rheumatic than any other treatment we have. While my experience has been limited, I have had very satisfactory results.

I have watched the treatment in other physicians' hands with equally satisfactory results.

The thing which works the hardship on the serum treatment is that of the fate of so many other new remedies. We are not willing to use them until the last chance.

I believe that in well-selected cases it offers more permanent relief than anything we have at our command.

It is true that we have some marked reactions following the injection of this treatment, but in my cases the reaction has never been as severe as the attack of rheumatism; with the small dose, say one c.c. and increased one or two c.c. every twenty-four hours until ten c.c. are given each day.

The reaction may be overcome by treating the symptom as you would any other fever or aching.

One case in which I used this treatment was a young lady about twenty-one years of age. This lady had been having repeated attacks of rheumatism every three or four months. I think I had treated her through three attacks in eight months. She reacted promptly to the salicylate each time, but we got tired of there being so many attacks. She agreed to take Phylacogen. She had the first day one c.c. This was increased one c.c. each day until four bottles were given. That has now been seven months ago and she has never had a rheumatic pain since. This is a result I have known others to have, while there are some who have not gotten satisfactory results. One thing we must know—whether or not it is a true rheumatism—if we want results.

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### ANOTHER VIEW OF MORPHINISM.

BY C. C. MEACHAM, M.D., ST. LOUIS.

For more than a year the question of dealing with the drug-habit disease, opium inebriety or morphinism, has been most forcibly brought to the attention of general practitioners of medicine. Doubtless many have already reached the conclusion that the deranged condition may be correctly classed as mania or dementia, rather than paraded under the old flimsy guise of "habit."

At best, the physician who consents to treat a victim of morphine and other opium derivatives will have undertaken an almost thankless task. Those who voluntarily apply for treatment usually do so with more or less concealed reluctance and with mental reservation to resist and complain. A patient who comes at the request or solicitation of a friend or relative most generally fails to fully co-operate with the physician. Perhaps such tendencies and characteristics may be born of fear rather than obstinacy.

It is not my purpose to outline a system or method of

treatment, as there is no "royal road" and no specific plan that can be rigidly adhered to in all instances. Having had opportunities to view the situation from many angles, I do not hesitate to say the all too common error is that of attempting to bring about a cure within too short a time. *Since time is always an important factor in creating and establishing the disease, it must necessarily be an essential agent or element in repairing the damage.* The system was not diseased and poisoned in a few days or a week, or completely enslaved within a number of months; therefore, we accomplish no permanent good by being in a hurry.

As to some of the medicines which may be of service, and which are well known to all physicians, we have such antagonistic and antidotal agents as Hyoscine, Hyoscyamine, Scopolamine, Atropine, Caffeine and Duboisine. The judicious use of remedies of this class are said to be beneficial, but the tendency is to employ too large doses or to repeat small doses too frequently. Elimination by all natural outlets, according to the requirements of each patient, can better be selected by the physician in charge than someone not in attendance. Speaking generally, perhaps there are remedies as yet untried that may excel some of those which have become more or less a matter of routine.

Cannabis Indica, Strychnine, Capsicum, Asafetida, Valerian, Kola, Camphor, Jamaica Dogwood, Sumbul, Passiflora Incarnata, Nux Vomica, Quinine, Iron, Arsenious Acid, Phosphorus, the various Valerianates, Phosphates and Formates have all been used with varying degrees of success, both in simple and complex combinations.

The Harrison anti-narcotic law has proven to be a blessing and a wise piece of legislation. It may be contended there are practically as many drug-diseased people as before the law went into effect, but it is safe to say no new addicts have been created within the past year. There may be those who are tempting fate and inviting disaster by the illicit traffic in opium products, but the best they can hope

for is the worst of it, for every avenue of escape is being made impossible.

The suggestion of taking plenty of time will not meet with general favor for a number of reasons. The patient is usually an exceedingly impatient creature, who is always in a hurry (and never gets anywhere); the physician is likely to think he is too busy to "waste" so much time; there is all too often an unwillingness on the part of the patient to sufficiently remunerate the physician for time and service. A drug addict usually has money sufficient to suit his whims, but none with which to fight his "old friend, the enemy."

Let us suppose we have a patient who takes about fifteen to twenty grains of morphine every twenty-four hours. One of the first questions he asks is: "Doctor, don't you think I can get out of this thing in two or three weeks?" He *knows* he can't, but it seems to do him good to explain that *he* is "not like *some* who have used it a long time and haven't the grit to stick to treatment."

I believe I am warranted in saying a drug-diseased person of six to ten years' standing should be kept under treatment and observation not less than one year or, better, eighteen months. The reduction and such remedial measures as are required may extend over two-thirds or three-fourths of this time, and the remainder of the time can be devoted to such treatment as will assist nature to replace wasted tissues with new material.

Almost any number of formulae and prescriptions might be submitted, but as the physician will have the patient before him, he alone can best determine what remedies and medicines to give, either singly or in combination. The impoverished nerves, glands and organs of the system will guide the physician as to how he can best aid nature. This general view of the drug victim and his treatment applies to morphinism not associated with incurable diseases, and

is subject to modification where there is well-defined mental or moral deficiency and perversion.

Treatment in an institution, be it a sanitarium, hospital or infirmary, may more often fail than succeed, not because of a lack of skill or ability on the part of those in charge or in attendance, but on account of the time being too limited.

Some may be interested enough to ask if patients are confined or restrained during treatment. This is just what we would not do, because of the impatience, anxiety, resentment, restlessness and complaint which would result. Long before the patient applied for treatment, he went about his daily duties or business under a much greater handicap than could possibly be inflicted under well-regulated treatment. As the physician helps nature repair the damage, there will be far more comfort and peace of mind on the part of the patient than could be hoped for while being constantly pursued and punished by his old relentless master.

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## Reviews and Book Notices

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**SURGICAL OPERATIONS WITH LOCAL ANESTHESIA:** Second Edition, 8 vo.; cloth, pp. 318, by Arthur E. Hertzler, A.M., M.D., Ph.D., F.A.C.S. Surgeon to the Halstead Hospital, Kan., the Swedish Hospital, Kansas City, Mo., and to the General Hospital, Kansas City, Mo. Surgery Publishing Co., Publishers, 92 William St., New York, 1916.

The second edition of Dr. Hertzler's excellent work is quite an improvement on its predecessor, well received and highly appreciated as that was. Time and space are not wasted in going into the history of local anesthesia, it being of so recent development as to have as yet but little history, and more especially considering the very practical nature of the work; nor does the author go into a discussion of the theory of local anesthesia, as it involves a discussion of the nature of pain and the problem of osmosis, dismissing



these points, by stating with marked candor that he knows nothing about them. The practical advice and general remarks in regard to the drugs used, the technic, etc., are particularly good, and we can heartily concur in his conclusions as to the combined use of local and general anesthesia. The 173 illustrations constitute a marked and valuable feature of a most valuable addition to the literature of present-day surgical procedures.

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THE MORTALITY FROM CANCER THROUGHOUT THE WORLD, by Frederick L. Hoffman, LL.D., F.S.S., F.A.S.A.; Statistician Prudential Insurance Co. of America; Chairman Committee on Statistics, American Society for the Control of Cancer; Member American Association for Cancer Research; Associate Fellow Am. Med. Ass'n; Associate Member Am. Academy of Medicine, etc., etc. 8vo. Cloth, pp. 826. The Prudential Press, Publishers, Newark, N. J., 1915.

The Prudential Insurance Co., to whom we are indebted for this splendid and most valuable volume, together with the American Association for the Control of Cancer and the American Association for Cancer Research, are to be most sincerely commended in their efforts to check the ravages of so dreadful a malady and menace to human life.

The first 220 pages contain nine chapters, comprehensively considering the following subjects: The Statistical Methods in Science; Statistical Basis of Cancer Research; Increase of Cancer; Mortality of Different Occupations; As a Problem in Life Insurance; Geographical Incidence Throughout the World; Statistical Data of Frequency in American States and Cities; Statistical Data of Frequency in Foreign Countries; and General Observations and Conclusions on the Cancer Problem.

The remainder, comprising a little over 600 pages, is taken up with some very important charts and appendices, concluding with a very complete index of both authors and subjects, together with a bibliography.

## Editorial.

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### DEATH RATES AND EXPECTATION OF LIFE

Director Sam L. Rogers, of the Bureau of the Census, Department of Commerce, is soon to issue a unique set of tables, the first of their kind which have ever been prepared by the United States Government. These tables, which were compiled in the division of vital statistics, under the supervision of Professor James W. Glover, of the University of Michigan, show death rates and expectation of life at all ages for the population of the six New England states, New York, New Jersey, Indiana, Michigan, and the District of Columbia (the original death-registration states) on the basis of the population in 1910 and the mortality for the three years 1909 1910 and 1911. They are similar to the "life tables" prepared by life insurance companies, but differ from them in that they relate to the entire population of the area covered, whereas the life insurance tables relate only to risks selected through medical examination and otherwise.

Expectation of life, at birth, in a stationary population—that is, one in which the births and deaths were equal and were the same from year to year, and in which there was no immigration or emigration—would be the same as average age at death, which is calculated by totalizing the ages of all deceased persons and dividing the result by the number of deceased persons.

*Women Live Longer Than Men.*—According to these tables the average expectation of life, at birth, for males is 49.9 years; for females, 53.2 years; for white males, 50.2 years; for white females, 53.6 years; for native white males, 50.6 years; for native white females, 54.2 years; for negro males, 34.1 years; and for negro females, 37.7 years. Females are thus longer lived than males to the extent of more than three years, and in the case of the native whites and negroes, more than three and a half years.

The expectation of life at the age of 1 is considerably greater than at birth, being 56.8 years for native white males and 59.5 for native white females, and reaches its maximum at the age of 2, when it is 57.5 for the former class and 60.1 for the latter. At the age of 12 the average native white male's expectation of life is 50.2 years; at 25 it is 39.4 years; at 40, 28.3 years; at 50, 21.2 years; at 60, 14.6 years; at 70, 9.1 years; and at 80, 5.2 years. Similarly, at the age of 12 the average native white female's expectation of life is 52.6 years; at 25 it is 41.8 years; at 40, 30.3 years; at 50, 22.8 years; at

60, 15.8 years; at 70, 9.8 years; and at 80, 5.5 years.

A part of the difference between expectation of life for men and for women is due to the greater number of violent deaths among men. Nearly four-fifths of these violent deaths—suicides, homicides, and accidental deaths—are of males, and such deaths form about 7 or 8 per cent of the total number occurring each year. This fact, however, does not account fully, or even in major part, for the greater longevity of women. An examination of the tables discloses a lower death rate for females than for males during each of the first 12 months of life and, in the case of the native whites, during each year of life up to the age of 94. During the first month of life the death rate among native whites is nearly 28 per cent higher for boys than for girls, and during the first year it is more than 20 per cent higher.

*Infant Mortality Still High.*—The enormous waste of infant life which still goes on, although medical science has done and is doing much to arrest it, is shown by the exceedingly high death rates which prevail among infants under 1 year of age. Of 100,000 native white boy babies born alive, 4,975, or almost 5 per cent, die during the first month, and 12,602, or 12.6 per cent, die within one year. The girl baby's chance of life is considerably better, the death rate among native white females during the first month being 3,894 per 100,000 born alive, or less than 4 per cent, and during the first year 10,460 per 100,000, or nearly 10.5 per cent.

On its first birthday, however, the likelihood that a child will die within the year is only about one-fourth as great as it was at birth, the death rate among native whites during the second year being 2,841 per 100,000 for males and 2,610 per 100,000 for females. The rate continues to decrease until the twelfth year of life—that is, the period between the eleventh and twelfth birthdays—during which it is only 228 per 100,000 for males and 198 per 100,000 for females. This, the figures indicate, is the healthiest year of life among native whites. Thereafter there is a continuous increase in the death rate from year to year. During the forty-eighth year of life, in the case of native white males, it is 1,267 per 100,000, or almost exactly what it was during the third year, 1,266; during the sixty-second year it is 2,919 per 100,000, or a little more than during the second year, 2,841; and during the eightieth year it is 12,184, or somewhat less than during the first year, 12,602. Similarly, among native white females the rate during the fiftieth year, 1,120, is a little less than during the third year, 1,144; during the sixty-third year it is 2,548, or somewhat less than during the second, 2,610; and during the eightieth it is 10,901 per 100,000, or a little more than during the first, 10,460. The native white man at the age of 102 and the native white

woman at 99 have approximately the same prospect of dying within one month that they had at birth.

*Median Age at Death.*—To say that a person's expectation of life is a certain number of years is not the same as saying that he has an even chance of living that number of years. This is because, as already explained, expectation of life represents the average remaining length of life, at any given age, in a stationary population, whereas an average person in a given group has an even chance of living to what is called the median age at death, that is, the age below which half of the members of that group will die. The median age at death for all native white males in the assumed stationary population would be 60; that is to say, of a given number of such males born alive, half would die before reaching 60 and the other half at 60 and beyond. A native white male child at birth, then, has one chance in two of reaching this age. At the end of his first year, however, he has a trifle better than an even chance of reaching 64; and at 42 he has one chance in two of attaining three score and ten. Similarly, a native white female child at birth has an even chance of living a few months past the age of 64; at the age of 1 she has one chance in two of living until she is nearly 68 years old; and at 22 her chance of reaching 70 is an even one. Thus a native white man at 42 and a native white woman at 22 have about the same chances of celebrating their seventieth birthdays.

*City and Country.*—The relative healthfulness of city and country is strikingly shown by the tables, according to which the death rate among white males under 1 year of age in cities having 8,000 inhabitants and over in 1909, and in cities of 10,000 and over in 1910 and 1911, is 13,380 per 100,000 born alive, whereas in smaller places the corresponding rate is only 10,326 per 100,000, or 23 per cent less than the rate for cities. A similar difference prevails with respect to white females under 1 year of age, for whom the death rate in cities is 11,123 per 100,000 born alive, while in rural localities it is only 8,497 per 100,000, or 24 per cent less than the urban rate.

For white males the expectation of life, at birth, in rural localities is 7.7 years greater than in cities; at the age of 10, 5.4 years greater; and until the age of 39 is reached there is a margin of more than five years in favor of the country. Thereafter the difference becomes gradually less, but is always in favor of the country until the age of 88 is reached, at and after which the cities show a slightly greater longevity than the rural localities.

For white females the difference between urban and rural longevity, while pronounced, is somewhat less than in the case of males. At birth the white female's expectation of life is 6 years greater in

rural than in urban localities; at 10, 3.3 years greater; and until the age of 46 is attained the difference continues to be more than 3 years. Thereafter it declines until the age of 83 is reached, after which the cities have a slight advantage over the country.

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### IMPORTANT ETIOLOGICAL FACTORS OF TUBERCULOSIS

Poverty and tuberculosis—tuberculosis and poverty! These are the essential facts which force themselves to the attention of every investigator who faces the problem of that disease. The tenement house district of Cincinnati yields a tuberculosis morbidity just three times as great as the areas where better housing prevails. In 197 families in which tuberculosis existed the average monthly income for a family of four was approximately \$57. After paying the pro rata share for food and rent, a balance of \$5.13 remained for each individual to meet all other expences. Such a low subsistence level works like black magic in the spread of tuberculosis. Moreover, and this is a point over which the public should ponder, the home of the average wage earner was found to be far less sanitary than the average factory and workshop. In regard to all the factors which make for healthful living, ventilation, sufficient light, proper temperature, and freedom from overcrowding, the score was in favor of the factory in nearly every instance.

The city of Cincinnati realized that her tuberculosis death rate was 50 per cent above the average, and that it had failed to manifest a tendency to decline. She felt no qualms in making this admission. Rather, she determined that she would learn why, with an efficient health department and favorable climatic influences, she was suffering from twice the mortality from that disease as her neighbor, Pittsburgh. Accordingly the United States Public Health Service was requested to make a thorough study of the situation and submit a report. To show that something more than mere academic interest obtained, 19,932 workers in 154 factories of the city voluntarily submitted to a physical examination.

The conclusions reached point directly to the close connection between poverty and tuberculosis. The great factor underlying the entire problem was seemingly that of economic conditions. One-sixth of all tuberculosis cases came from cheap lodging houses. Alcoholism was a prominent cause, and often accelerated the course of the disease. Occupational hazards and bad working conditions were apparently responsible for about 20 per cent of the cases, but in the majority of instances these hazards were not necessarily inherent in the occupation. Previous tuberculosis in the family occurred in practically a third of all the cases investigated. Dissipation, overcrowding, bad

housing, and innate lack of personal responsibility were also listed as causes.

An interesting feature of the report, and one which has not previously been dwelt upon in studies of this character, relates to the effect of immigration and the rate of growth of the population of a city upon the tuberculosis death rate. It is shown that cities with a population composed largely of racial stock having a limited resistance to tuberculosis are subject to a high mortality rate from that disease, while centers having a slow rate of population increase are likewise subject to a high tuberculosis rate. The evidence is submitted in a comparative table covering sixteen American cities. Almost without exception those with a high percentage of Irish, Scandinavian and German stock, and those in which the negro population is relatively large, have a correspondingly high mortality, while those where the Italian and Jewish element is proportionately great have a low tuberculosis death rate. Similarly, such cities as Detroit and Cleveland, with high rates of population increase, show a low tuberculosis mortality, while Cincinnati and Baltimore, with a relatively small population increase, have a high tuberculosis rate. Doubtless the true explanation of this discrepancy is that advanced by the authors, namely, that where the population increase is rapid new buildings are erected to take the place of old insanitary structures and better housing conditions prevail.

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#### MODEL HOMES PLANNED FOR WASHINGTON—SANITARY HOMES REDUCE SICK RATE

Plans have just been completed for the erection of a series of model homes in the City of Washington for the purpose of demonstrating to the Nation the relationship between good housing and good health. These are to be known as the Ellen Wilson homes, and are not in the nature of an experiment, but are intended as a demonstration to the entire United States.

The intimate connection between bad housing and bad health and good housing and good health is clearly recognized in Washington, where the alley dwellings have long been a matter of concern both to the health authorities and to public-spirited citizens who wish the Capital City to be an example to the Nation. The alleys have been paved, sewers and water mains have been laid in them, they are lighted and cleaned as are the streets. Yet they keep their old lead over the streets when it comes to totaling the figures for disease and death.

In this, Washington's experience has been like that of Liverpool and other European cities which tried unsuccessfully to make badly

situated dwellings wholesome by cleaning and fumigating. After thirty-three years of unavailing effort to improve that which was fundamentally bad, Liverpool finally decided that the only hope lay in wiping out its insanitary areas. It demolished the old houses by the acre, and in place of them built new houses. Where dwellings have been crowded so close together that there was scarcely passage room for a stout man to squeeze his way to one of the old rear houses, it built new dwellings opening upon wide spaces which provided light and air. Immediately sickness and death decreased—and with them vice and crime. What had seemed a hopeless struggle for more than a generation was won.

Other cities in Europe have done the same and with the same results; but what makes Liverpool's figures of unusual value is that the new houses are occupied by the same people who occupied the old ones. In some cases the population on a given area in the new dwellings is 99 per cent the same as that which lived on the area in the old buildings. So here the effect of housing is not complicated by questions of different occupants, of better food or clothing or a generally higher standard of living. The housing only has been changed and the results are striking.

Washington is attempting much the same work, though in a less dramatic manner. Congress has enacted a law which goes into effect on July 1, 1918, according to which all the alley dwellings in the District of Columbia must cease to be used for dwelling purposes. Meanwhile, in order that there may be accommodation for those who will be forced to seek new homes in street houses, there has been organized a limited dividend company which is to build houses that will be not only sanitary, that will provide not only abundance of light and air, but houses attractive architecturally, homelike in their arrangements and containing bathrooms and provisions for hot water in place of the old outdoor closets and hydrants.

Such houses as these cannot, of course, yield the return upon the investment that the old houses did. In fact, Congress in its act incorporating the Ellen Wilson Homes, limited its dividends to five per cent net. But they will yield to their stockholders a dividend in the form of satisfaction because of a needed work well done. To their tenants they will give relief from preventable sickness and death and an increase in the joy of living.

---

#### THYMOL FROM HORSEMINT

That the commercial production in this country of thymol from horsemint may be, under favorable circumstances, a profitable undertaking is indicated by the recent investigations of the United States

Twelfth Edition

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**MEDICAL REGISTER**  
**and DIRECTORY**  
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**NORTH AMERICA**

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**Ready December 1, 1916**

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# A Temporary Diet for Infants in Summer Diarrhea

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*4 level tablespoonfuls*

Water (boiled, then cooled)

*16 fluidounces*

Each ounce of this mixture has a food value of 6.2 calories — affording sufficient nourishment and in a form readily assimilable.

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Department of Agriculture, the results of which are published in Bulletin 372. Thymol is extensively used in medicine and forms the basis of a number of important pharmaceutical compounds. In the past it has been imported from northern Europe, where it is manufactured from ajowan seed grown in northern India. Now that the European war has reduced these importations from over 18,000 pounds in 1914 to a little more than 2,000 in 1915, it is believed that to some extent the demand can be supplied at home. For several years the Department of Agriculture has been conducting experiments with horsemint which occurs as a common weed in many localities. These experiments have resulted in improving the plants by selection to a point which it is said warrants the use of horsemint for the commercial production of thymol.

Horsmint is found wild on light, sandy soils over the entire region from southern New York to Florida and westward to Wisconsin, Kansas and Texas. It is probable that it will thrive under cultivation wherever it is found growing wild, but local economic conditions must be considered in determining whether or not its production would be profitable. The investigations of the Department of Agriculture indicate that by distilling the improved plants an average of 20 pounds of oil per acre may be obtained from first-year plantings, and that in succeeding years the yields should be at least 30 pounds per acre. The phenol content of this oil may be assumed to be about 70 per cent, almost all of which is thymol. The yield of thymol per acre of horsemint, therefore, should be for the first year a little less than 13 pounds, and for succeeding years a little less than 20 pounds. As the average price of thymol for a number of years has been about \$2 a pound, the gross returns per acre from a horsemint plantation are estimated in the bulletin already mentioned, at about \$25.72 for the first year, and \$38.58 for each succeeding year.

It is more difficult to estimate with accuracy the cost of producing the thymol. In the opinion of the investigators, it is doubtful whether the profits from the industry will be sufficient to warrant anyone in engaging in it unless the horsemint is grown in connection with other oil-yielding plants for which a distilling apparatus is required. In that event, of course, the entire cost of the distilling plant cannot be charged against the thymol industry alone. For this reason in the estimates of cost of production published in Bulletin 372, such items as land rent, taxes, depreciation, upkeep and interest on the distilling plant have not been included. Excluding these items, it is believed that thymol can be produced at an approximate cost of \$23 per acre the first year, and \$19 per acre thereafter. This figure includes the growing of the plants, fertilizer, cultivation,

harvesting and distilling. A plantation of horsemint will not have to be replanted oftener than once in five years, and under average conditions may continue to give a good yield for a still longer time. After the first year a material reduction can be made in the cost of fertilizers if the distilled herb is returned to the soil. These facts account for the reduction in the cost of production after the first year.

Horsemint seed matures in the Southeastern States during August and September and is ready to be gathered as soon as the calyx is dry and has assumed a dark brown color. The entire heads can readily be stripped off by hand. They should be spread out on a cloth or tight floor and thoroughly dried. The seed can then be removed by rubbing through a sieve, common window screening being about the right size. Where the winters are free from severe frost and snow, as in the extreme southeastern States, the best results can be secured by planting the seed about the first of September in a carefully prepared seed bed. About two months after sowing, when the plants are about two inches high, they are ready for transplanting to the fields. Fuller information in regard to methods of cultivation, harvesting and distilling are contained in Bulletin 372.

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#### SOCIAL INSURANCE INQUIRY

Under the auspices of the Committee on Insurance of the New York Chamber of Commerce, arrangements are being perfected for a comprehensive investigation into all essential phases of the subject of social insurance, between this and the next meeting of the New York Legislature, with special regard to health insurance. Dr. J. F. Crowell, Executive Officer of the Chamber of Commerce, to whom communications may be addressed, will have charge of the inquiry.

It is the purpose of this committee to go extensively into the subject so as to have at hand the desired data and to avail itself of the gist of experience in this and other countries. This inquiry will extend not only to the actual developments in countries where health insurance has made some progress, but is intended also to include a critical examination of the conditions, causes and effects of the different systems with a view to their availability for American communities. It is intended to test the claims which existing systems made at the time of their origin in the light of results.

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JEFFERSON COUNTY (ALA.) MEDICAL SOCIETY:—The pleasures of a visit to "Greater Birmingham" on the occasion of the Reunion U. C. V. was greatly enhanced by the opportunity afforded of attending a regular meeting of the above-named live and progressive medical organization on the evening of May 15, through the courteous

invitation of its very able and efficient President, Dr. Walter Scott.

A paper was being read when we reached the place of meeting a little late, by a member whose name and the title of his paper we failed to get, but from what we did hear of it and from the very able discussion following we could scarcely realize that we were not in Rochester listening to a discussion on Thyroid pathology by the Mayos and some of their ablest disciples.

A very excellent specimen of fatty degeneration of the liver, with very black bile in the gall bladder, with its clinical history and some very advanced views, was presented by Dr. T. O. Parke; another member, whose name we did not catch, made a very interesting report of his attendance on a meeting of the American Clinical Congress; and a young gentleman presented a specimen of a ruptured tubal pregnancy on which he had successfully operated.

These reports and their sharp, incisive and instructive discussions, participated in liberally by those present, numbering between forty and fifty, demonstrated that the wonderful city of Birmingham, with its 175,000 population that has materialized in the short space of one generation, is fortunate in having a live, wide-awake, progressive and thoroughly up-to-date medical profession that would be a credit to any municipality.

---

**A NOTABLE GERMICIDE:**—It is becoming more and more apparent, as time passes, that in Silvol we have a germicide of uncommon usefulness. Its field embraces practically all inflammations of mucous membranes. The indications for Silvol include conjunctivitis, corneal ulcer, trachoma, rhinitis, sinus infections, otitis media, pharyngitis, tonsillitis, laryngitis, gonorrhea, cystitis, posterior urethritis, vaginitis, cervical erosions, endometritis etc.—all infections, in short, in which a silver salt is applicable.

Silvol would appear to have a number of advantages over most of the other proteid-silver compounds. It is freely soluble in water. While an exceptionally powerful antiseptic, it is non-irritating in ordinary dilutions. Silvol solutions are not precipitated by proteids or alkalies or any of the reagents that commonly affect other silver compounds in solution. They do not coagulate albumin or precipitate the chlorides when applied to living tissue.

In the treatment of acute inflammations of mucous membrane, Silvol may be used locally in solutions as strong as 50 per cent with very little pain or irritation. In inflammatory affections of the ear, nose and throat it may be used in 5 to 40 per cent solution, and for irrigating sinuses a 2 to 5 per cent solution may be employed with benefit. or inflammatory conditions of the eye and conjunctival infection with

pneumococci and staphylococci, a 10 to 40 per cent solution may be applied with benefit three times a day. In acute gonorrhea, as an abortive measure, a 20 per cent solution should be injected every three hours, while in the routine treatment the injection of a 5 per cent solution three times a day is recommended.

Silvol is a Parke, Davis & Co. product. It is supplied in ounce bottles and in bottles of 50 capsules, each capsule containing 6 grains; also in ointment form (5 per cent Silvol) in collapsible tubes containing approximately  $\frac{1}{2}$  ounce and  $1\frac{1}{4}$  ounces.

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**THE PALLID SCHOOL GIRL:**—In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general breakdown of both health and spirits. Each winter the physician is consulted in such cases and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suitable for young girls because it never induces or increases constipation.

---

**PUTTING DRUG FIENDS ON THEIR FEET:**—When, as a result of the Harrison anti-narcotic act, drug habitues were suddenly deprived of their accustomed drug, the trials of physicians increased coincidentally, for the unfortunates knocked at the doctor's door and clamored for help. The nervous system of these patients lacks stability, they do not sleep well, and their moral force is practically nil.

A New York doctor found through cruel necessity that *Pasadyne* (Daniel) came nearer giving relief to the addict's symptoms than any other agent, and since then dozens of other physicians have told us the same thing.

*Pasadyne* (Daniel) has an affinity for nervous tissue. It enables these patients to get a grip on themselves, secures restful sleep for them, and, in short, is the biggest sort of help in putting a drug fiend on his feet.

A sample of *Pasadyne* (Daniel) may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

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**IN MANY CLINICAL CONDITIONS** where the alimentary processes are at a standstill, how worse than futile is food as ordinarily pre-

pared. Such food is but a menace to the organism that is unable to transform it, subdue it, to the state in which it normally contributes to nutrition and repair.

In *Panopepton* we have a food in which the essential requirement of preliminary digestion has already been accomplished. Its substance, the entire food substance of beef and wheat, has undergone those profound changes which render it available for nutrition.

In *Panopepton*, in its acceptability and success, is realized the clinical possibilities of peptonised food as suggested so many years ago by the brilliant English physician, Sir William Roberts.

---

**THE BOWELS ARE SECRETORY ORGANS:**—It is the failure of the secretory function of the bowel, together with a poor bile secretion, which, in nine cases out of ten, is responsible for constipation.

Most cathartics altogether overlook this factor and address themselves solely to a stimulation of the musculature. Some even inhibit intestinal secretion. The result is a rapid, unsatisfactory bowel movement, followed by paralytic reaction.

Pil. Cascara Comp. (Robins) is a rational therapeutic formula, which promotes a natural flow of secretions, which is, in turn, the physiologic stimulant of peristalsis. Thus a normal evacuation is produced, without subsequent inhibition.

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**IN PRURITUS:**—Even in severe forms of genital, anal, diabetic, eczematous itching, K-Y Lubricating Jelly will, in a great majority of cases, bring relief, or at least grateful alleviation.

To anoint the skin in scarlet fever, measles, chickenpox, K-Y Lubricating Jelly is not only effective, but convenient and economical, since it can be used without staining or soiling the bed clothes or the patient's linen. .

One use in particular will appeal to the surgeon—K-Y Lubricating Jelly makes the hands soft and supple, prevents bichloride rashes, and “improves the feel.”

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**PEACOCK'S BROMIDES**—each fluid drachm of which contains fifteen grains of the combined pure and neutral bromides of potassium, sodium, ammonium, calcium and lithium—can be administered over long and protracted periods, not only with benefits of the most positive and gratifying character, but with surprising freedom from gastric irritation or “bromism.” It can be said without question that Peacock's Bromides have given substantial aid in restoring faith and confidence in the bromide treatment of epilepsy by placing it on a practical and effective basis.

**DRESSINGS IN SUPPURATING WOUNDS:**—The healing of suppurating wounds may be expedited in a marked degree by the use of *Ecthol* (Battle). In addition to a germicidal influence it adds to cellular resistance, as a result of which the luxuriant germ growth becomes inhibited, until finally the purulent process becomes reduced to the point where the resistance of the involved tissues turns the tide toward healthy granulation. Where such wounds are of more than ordinary size or severity, the internal administration of *Ecthol* has proven a most useful adjunct to the local treatment.

---

**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sanders & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

---

**DO YOU KNOW THAT:** Efficient muzzling of dogs will eradicate rabies?

The protection of the health of children is the first duty of the Nation?

Bad temper is sometimes merely a symptom of bad health?

Insanity costs every inhabitant in the United States \$1 per year?

The U. S. Public Health Service has proven that typhus is spread by lice?

Untreated pellagra ends in insanity?

In the lexicon of health there is no such word as "neutrality" against disease?

The death rate of persons under 45 is decreasing; of those over 45 it is increasing?

Light promotes cleanliness?

A clean mouth is essential to good health?

Physical training in childhood is the foundation of adult health?

The U. S. Public Health Service issues publications on hygiene and sanitation for free distribution?

Isolation is the most efficient means of controlling leprosy?

Headache is Nature's warning that the human machine is running badly?

Bullets may kill tohusands—flies tens of thousands?

Obesity menaces longevity?

---

A GRADUATE OF QUEEN'S UNIVERSITY, *Kingston, Canada*, Supt. Gen. Hospital, 200 beds, desires similar position, or Asst. Supt. larger hospital. Best of references. Write M. F. Coglon, M.D., C.M., Gen. Hospital, Kingston, Canada.

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PROPORTIONS OF MALTOSE AND DEXTRINS that are equally effective in both diarrhea and constipation and that are adapted to the needs of the sick infant as well as the baby in health, are present in *Melin's Food*.

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"I PRESCRIBE TONGALINE VERY FREQUENTLY as a remedy for excess of uric acid, which is often the cause of rheumatism, and very beneficial in muscular pains due to a sluggish liver and inactive bowels. When a patient comes to me complaining of soreness all over, I place him upon Tongaline and it has never disappointed me."

---

CODLIVER OIL FOR PUNY CHILDREN:—Whilst codliver oil long has been recognized as of the utmost value as a nutritive for puny children, yet by reason of the oil's obnoxious taste and odor it had to be dispensed with. It was not until the pharmaceutical chemist made it possible to put codliver oil up in palatable codliver oil products. No part of the oil's worth has been lost in the process of manufacture, and owing to its ease of digestion it may be continued for long periods. This latter fact makes it of pre-eminent value in the treatment of disability in women and children.

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STANOLIND LIQUID PARAFFIN is not a purgative, but is a lubricant, wholly mechanical in its action; a safe, dependable agent for continued internal administration. It is not a host for bacteria; on the contrary, it retards bacterial development, and by its lubricating properties assists in the expulsion of such bacterial poison as may have formed in the intestinal tract. It is medicinally pure, white, tasteless and odorless.

---

THERAPEUTIC THOROUGHNESS is possible only when the remedies used by the patient are exactly what the doctor prescribed. More than 20 years' experience, among physicians in all parts of the world, shows that there is no successful substitute for *Antiphlogistine*.



## Selections

### MEDICAL TREATMENT OF TUBERCULOUS PERITONITIS:—

The medical treatment consists in hygienic, dietetic, local and internal therapeutic measures.

Rest in bed combined with good feeding is probably responsible for improvement in many cases in hospital practice, but the best results are to be seen where similar treatment can be carried out in the open air at the seaside, in the mountains or in the country. A prolonged sojourn at the seashore contributed notably to the success of several of my cases.

Heliotherapy is warmly advocated in all forms of tuberculosis by Dr. Rollier of Lysin, Switzerland. It consists in exposing the body of the patient to the sun's rays in open galleries facing due south. The results in visceral tuberculosis are reported to be excellent.

#### FEEDING.

The problem of feeding is apt to be a difficult one, as many patients suffering from tuberculous peritonitis have grave digestive disturbances which must be corrected. Superalimentation must be withheld until all gastro-intestinal symptoms are relieved. During this period the diet should consist of whey, broths and gruels. Where gastrointestinal symptoms are absent a high proteid and fat diet is indicated, milk properly modified, foods prepared with milk, beef juice, meat and eggs. The quantity in which these foods are to be administered will depend upon the individual digestive capacity of the patient. In choosing other foods, those should be selected which will leave little residue and are not likely to give rise to fermentation in the intestinal tract.

#### LOCAL AND INTESTINAL MEDICATION.

Inunctions of green soap, iodoform, ichthyol and mercurial ointment are recommended by their various advocates. Still recommends the use of iodoform both inter-

nally and locally, but has had some very serious symptoms develop after inunction of half a dram of unguentum iodoform. Mercurial inunction is a very old method, but of doubtful value.

Of the remedies which have been used internally, creosote and thiocol have given the best results. Creosote has a decided effect in correcting fermentative processes in the bowel and also seems to be antagonistic to the tubercle bacilli. In giving creosote to children it must be remembered that even small doses, one-half to one minim, continued for many weeks may cause a loss of appetite.

Thiocol is potassium guaiacol sulphonate. It represents about sixty per cent. of guaiacol and its chief advantage over the carbonate of guaiacol is its ready solubility in water. It is given in doses of from four to seven grains three times daily.

Cod-liver oil and the syrup iodid of iron are valuable tonics.

My own experience with the medical treatment of this disease, although limited to a few cases, has been gratifying. It is the one recommended by Stooss of Berne. Locally green soap is used which is thickly spread on the abdomen, allowed to remain for fifteen minutes and is then washed off. In order to avoid too much irritation of the skin the applications are made every second day. Internally, thiocol is given in doses of four to seven grains three times daily. This treatment is kept up until the ascites has entirely disappeared. Later some preparations of cod-liver oil and iron are given. Whenever possible the patient is sent to the seashore, mountains or country.

In nearly all other surgical conditions the results are immediate and the cause of the disease usually removed by operation. In tuberculous peritonitis, however, although the greatly distended abdomen instantly disappears, the disease is by no means cured, a fact which even the most enthusiastic advocates of laparotomy for this disease must

admit. The cure which results in these cases is due precisely to the same factors which are the main features of the medical treatment, rest in bed, fresh air and proper feeding. The striking results following surgical interference in this disease, therefore, are merely apparent, not real, and not a cure for the disease.—*J. Edwin Sweet, A.M., M.D., F.A.C.S., of Philadelphia, in Pennsylvania Medical Journal.*

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**CAMPHOR, A RECREDITED DRUG:**—At one time used for a host of diverse conditions, camphor fell somewhat into discredit upon the incidence of more exact therapeutic technic. Nevertheless, its empiric use was followed by so many favorable results that its re-investigation was undertaken. It is again a prominent remedy, both the natural and synthetic camphor being available. German authorities declare the synthetic product the more toxic; therefore, the natural camphor should be preferred for internal administration.

*Toxicology*—In excessive doses, camphor produces dimness of vision, languor, cerebral disturbances, depression and, finally, violent delirium and convulsions. The higher areas are overstimulated and the toxic action is not due to irritation of the cord. Death is by paralysis of the cerebral cortex.

*Pharmacology*—Camphor is rapidly toxic to many of the lower forms of life, but is not classed, by itself, as a potent antiseptic. It is rubefacient externally and carminative internally.

The respiratory center is directly stimulated, as is the central nervous system as a whole to a greater or less degree.

The normal circulatory system is irregularly affected and seldom to any marked degree; but in pathologic conditions the drug admittedly has effects best considered under its therapeutics. But certain experimental data regarding camphor are just what is wanted regarding many other drugs, and the data is here given.

A rabbit deeply under the influence of chloral may be

# Cystogen-Quinine

*A new Cystogen preparation composed of Cystogen ( $C_6 H_{12} N_4$ ), 3 grains and Quinine Alkaloid, 1 grain (representing about one and one-half grains quinine hydrochloride).*

In presenting Cystogen-Quinine Tablets we are simply supplying a combination of these two well-known drugs at the instance of many physicians who have noted satisfactory results from the use of cystogen and quinine.

The value of this combination, as well as its convenience of presentation, will be readily appreciated because of the antiseptic and slightly stimulating action of cystogen on the secretions and excretions of the abdominal viscera and the well-known action of quinine.

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A dozen tubes in a box. A Dollar a box

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makes the passage of sound, speculum, catheter, 'scope, etc., easy and minimizes pain or discomfort.



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AN INDEPENDENT MONTHLY JOURNAL  
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ESTABLISHED 1879

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

Correspondence and Reports of Cases are requested from all regular Practitioners and Medical Organizations.

**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

awakened and restored to activity by a subcutaneous injection of camphorated oil. Even when anesthesia is profound, the respiratory rate is increased and the reflexes return from these injections.

A cat's heart when perfused and showing fibrillation is restored by the addition of a little camphor to the perfusion fluid. Rapid heart action is slowed, and sometimes there is an increase in force.

These experiments show camphor to be scientifically indicated in cases of respiratory and cardiac depression due to drugs of the chloral group and the action of some fevers, especially in cardiac fibrillation.

*Therapeutics*—Cardiac weakness in many conditions is well met with camphor, which may be given in the form of Curschmann's solution, made as follows: Two parts of camphor are dissolved in three parts of sulphuric ether, and seven parts of olive oil added. The dose is 10 to 15 minims every four hours for an adult; twice this in emergency. In severe heart involvement, as in pneumonia, 5 to 20 minims of a 20 per cent solution in olive oil may be deeply injected under the skin. It may be given frequently and over long periods. In the broncho-pneumonia of children, when a heart stimulant is needed, inject camphorated oil in 10 per cent solution, giving 10 grains of camphor in twenty-four hours and never exceeding 20 grains.

Monobromated camphor, in 5-grain pills, is useful in the nervous form of epidemic influenza, lumbago, chorea and *petit mal*, as well as in irritated sexual states.

Camphor water is a mild carminative and expectorant, but is chiefly useful in eye washes. A strong spirit of camphor, known as Rubini's essence, is diaphoretic and has a merited reputation in the early stages of coryza and "colds."

Spirit of camphor is effective in choleraic diarrhea with collapse, as well as in minor gastro-enteric affections.

These indications for camphor are upon a scientific basis; but it is used empirically in many other conditions, such as

hysteria, nervous headache, asthma, bronchitis, erysipelas, whooping cough and nervous vomiting, and often with success.

The external uses are well known and do not need discussion, especially since the drug is used in a host of combinations with other agents.

*Discriminate*—Don't bring camphor into discredit again by using it as a cure-all; but discriminate, and use it in the well-worked-out indications indicated in this article, and you will find it a most useful agent. Remember that children do not tolerate it any too well.—*Medical Council*.

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A WORD ABOUT PITUITRIN: \*—The purpose of presenting this paper for your consideration and discussion is to give, if possible, a clear, concise and unbiased opinion of pituitrin or pituitary extract and its proper application in the management of obstetrical cases based entirely on my limited personal experiences covering a period of about twenty months.

Pituitrin is an extract of the posterior or infundibular portion of the pituitary gland. This gland has heretofore been an enigma to the anatomist. Of course, there have been various theories advanced from time to time concerning its physiological existence. Suffice here to say it is located at the base of the brain and consists of two lobes, a large anterior and a small posterior lobe or infundibular portion. From a physiological standpoint the pituitary gland is largely speculative. But there seems to be beyond all doubt a substance or substances contained in the gland that exert considerable influence over the metabolism and on the cardio-vascular system. The physiological action of the two lobes is quite different. It is claimed that animals survive the removal of the posterior lobe, while, on the other hand, death occurs from the removal of the anterior.

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\*Read before Washington County, Alabama, Medical Society, April 6, 1916.

It has been found that pituitrin increases blood pressure and diminishes pulse rate, this depending entirely upon the dose given and to the susceptibility of the patient.

Pituitrin acts very similarly to adrenalin on the blood vessels, except that the former elevates the blood pressure for a much longer period of time. It is contra-indicated in cases already exhibiting an increase of blood pressure. Especially is this true in nephritis and the cardiac complications of goiter.

The results of pituitrin when administered with discretion is almost to a degree marvelous, but to produce these results it must be employed at the correct time and under proper conditions. To administer pituitrin at the onset of labor is not only useless so far as hastening the expulsion of the fetus, but is actually a dangerous procedure. It is also contra-indicated in the following conditions: Contracted pelvis, tumors or any obstruction in the natural passage through the soft parts. It should not be given where there is a contracted rigid os, transverse or other abnormal presentations.

Although pituitrin is said to be contra-indicated in nephritis, I have employed it more than once in nephritic subjects, in which case I felt justified in taking the risk, and in each instance satisfactory results were obtained.

I never give pituitrin until the cervix is almost, or completely, dilated. If the second stage of labor has not really begun, I first ascertain whether or not the cervix is soft and dilatable. When the pains in the second stage of labor grow weak, the fetus at a standstill and the mother exhausted after a long, hard first stage, the passage clear, I feel free to use pituitrin. The pains will be greatly and rapidly increased, even the mother notes the progress. From this stage of labor I use it with discretion until the head is born.

Pituitrin should not come in contact with alcohol, as it renders it inert. If you sterilize your hypodermic syringe



and needle with alcohol, you should always use sterile water afterwards. The syringe and needle should be free from all traces of alcohol. Boiling is the best plan to sterilize the syringe and needle. I administer, as an initial dose of pituitrin, 1 c. c., just as soon as the os is well dilated; if satisfactory results are not obtained, I repeat it in from one-half to one hour.

Pituitrin does not induce labor pains. Its function should be to assist and strengthen natural pains or to induce pains after inertia. We read of men who have administered pituitrin, it being clearly indicated, yet they received no results. Do not condemn this product because you fail to procure results in 100 per cent of your cases. There is no specific known to medical science commanding such a brilliant record. I am sure when administered judiciously pituitrin will produce the desired results in a great majority of cases. I have terminated labors which without its use would have unquestionably necessitated the application of forceps, which would be frequently obviated if pituitrin was employed. DeLee says that a conservative estimate would place the number of deaths occurring annually from the direct and indirect consequences of labor at 20,000.

Lacerations, malpositions, congestive conditions of the genital organs all produce postpartum results that add to the discomfort, unhappiness and distress of a large number of women who have undergone maternity. Any therapeutic agent which will serve to lessen the mortality or the debilitating effects of child birth should be welcomed to the obstetrician. Think of the numerous and serious conditions often produced by the application of instruments, both to the mother and child, and note how these conditions can be obviated, or at least very much lessened by the conservative use of pituitrin.

As an echolic this agent has a place in normal labor. By normal labor I do not mean those rapid cases where there are always natural pains and a quick delivery, but those

slow, long-drawn-out cases which are considered normal with some women. I do not wish to make the impression that I would endeavor to deliver a woman with undue haste, not allowing sufficient time for the soft parts to prepare themselves for the passage of the fetus. On the contrary, I would much prefer the long labors rather than attend a precipitated one in which there is so much danger of lacerations. Yet there are cases that require hours of waiting, where the pains are good, but the intervals between the pains are long. The patient is worn out and disgusted, but after much delay the child is finally born. In such cases the administration of pituitrin would greatly shorten the suffering and anxiety of the patient, to say nothing of the probable benefit to the child.

Various conclusions have been reached regarding the therapeutic value and technic employed in the administration of pituitrin. By referring to current literature on this subject it will be noted that various results have been effected. One physician writes: "I have received very gratifying results from pituitrin prescribed in pregnancy for the purpose of expressing flatus and fecal matter from the intestines. Pituitrin has proven to be of great value for its diuretic effect and for elevating the blood pressure." Personally I have employed this product to increase uterine contractions only. I have received satisfactory and gratifying results in each and every case where given.

Nothing, with the exception of chloroform and antisepsis, has been discovered for obstetric practice that has proved to be so great and useful as pituitrin, since the invention of forceps.

In conclusion, allow me to state that in my opinion in conservative hands this is a safe and valuable remedy in obstetric practice.—*H. B. Cogburn, M.D., of Bayou La Batre, Ala., in New Orleans Med. and Surg. Journal, May, 1916.*

**PROFESSIONAL DISLOYALTY:**—It has become the custom, luckily only with a very small class of our professional brethren, to ascribe many of the ills that the medical profession undeniably suffers from, to want of education in its members. It is usually officials in municipal, state, and national medical service that do it; not often medical educators, journalists, or institution heads. A prime offender in this respect is the present head of the New York City Board of Health. I have heard that gentleman over a year ago state as an instance to support his contention that the Schick test was not universally known and used. Yet I am informed that at that time the test was comparatively new and not by any means firmly established.

The general accusation is untrue; so untrue as to be ludicrous. What other profession does one tithe of the post-graduate study that medicine does? What other one has one-tenth as many scientific magazines, scientific societies, and teachers? Where, save in medical circles, do men travel long distances, and sacrifice time and money to attend scientific meetings, to get perchance some small increase in knowledge and usefulness? Where else do men so eagerly seize any chance, even at great cost to themselves, to improve their scientific acquirements? I have often sat at the back of the hall in a crowded medical meeting, and watched the tired practitioner, who ought to be enjoying or resting himself, fight sleep in his endeavor to improve his medical qualifications. And these are not beginners, tyros alone, but many men who have spent half a lifetime, or a whole one, in the study and practice of their profession. Do lawyers or ministers or dentists or architects or engineers do this? No, indeed; they may and do learn much after they graduate and get licensed to pursue their avocations; but they learn in the course of their life's work, and get paid whilst doing it. Here are men who go through as much or more than those in any other calling before they attain

full professional stature; and lo! they remain students and searchers after knowledge until they die.

I am in entire sympathy, as I must be, with all efforts to raise the standard of medical education, graduate and post-graduate; and with all societies and journals, general and specific, that have the same object in view. But when a member of the profession, whatever position he occupies, claims that lack of education is a great cause of medical ills, I challenge the truth of his assertion. The medical school and the state says the practitioner is fit, yet he spends a large part of the rest of his life in the endeavor to make himself more so; and I hold it nothing less than professional disloyalty to proclaim his general unfitness and to ascribe his ills to that defect.—G., in *Medical Economist*.

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**SUGAR AS A WOUND DRESSING:**—While glucose is used extensively by the mouth in hyperchlorhydria and gastric ulcer and is employed to some extent by the rectum after surgical operations, with the view of diminishing shock and preventing acidosis the topical application of cane sugar to wounds appears to result in nothing more than absorption of secretion in cases not yet infected. It would hardly be supposed to be of any more use than any ordinary dusting powder. Nevertheless there are special traumatic conditions in which sugar may give superior service. Thus Dr. Erich Meyer contributes a short article to the military supplement of the *Munchener medizinische Wochenschrift* for January 11, in which he relates his experiences as surgeon to a mining company. The miners frequently injure themselves and in practically all cases the wounds are contaminated with coal dust. In theory such lesions should be carefully cleansed. As ordinary granulated sugar is available in large quantities, the author began to dress these dirty wounds with it, after merely flushing with hydrant water, using no other dressing except a simple compress. The sugar was renewed every second or third day, and in

70 per cent of these injuries no infection followed, while healing was unusually prompt and sound. The use of sugar completely prevented adhesion to the dressings and the resulting hemorrhage.—*Med. Record.*

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**HONOR OF MEDICAL MEN:**—An Eastern medical journal contains editorial notice of thievery and attempted thievery by hospital internes, especially upon leaving the institutions with which they have been connected. Our experience with the medical profession would seem to indicate the possibility that the tendency to thievery and dishonesty does not terminate when some medical men enter independent practice. Among the most despicable acts that dishonor the profession of medicine are the petty larcenies or attempts at petty larceny of those who subscribe for and receive a medical journal, with the current bills, and then refuse to pay. We have been intending for some time to publish a list of these professional pests, but have been delaying until we can arrange with the other American medical journals to do likewise. Every one of them ought to be sued for receiving goods under false pretenses. Such villainy is altogether loathesome to the honorable members of our profession.—*So. Cal. Practitioner.*

(Alas! and Alas! Such cattle are not limited to the "Golden West."—*Ed. S. P.*)

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**THE SURGICAL SIGNIFICANCE OF CONSTIPATION:**—If constipation develop in an adult, exclude intestinal neoplasm before treating the condition as functional. Carcinoma of the sigmoid, for example, may exist for some time without any other symptom than constipation until obstruction or perforation suddenly develops. Sigmoidoscopy or bismuth X-ray examination will usually locate such a condition. These diagnostic measures should be employed, therefore, in cases of recent adult constipation of unknown cause.—*American Journal of Surgery.*

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## *Original Communications.*

### EUGENICS.\*

BY CASPER L. REDFIELD, M.D., OF CHICAGO.

The first thing I wish to call your attention to is the distinction between the foot-pound and the cubic foot. The foot-pound is used to measure work, and when work is stored, it is called energy. The cubic foot is used to measure material substances, or the space in which bodies are contained. What I have to say relates to things measured by the foot-pound, or corresponding unit, and not to things measured by the cubic foot.

If a man is sick he does not hire his doctor by the cubic foot. He hires him for the foot-pounds of intelligence he has. Not that we are in the habit of measuring intelligence by the foot-pound, but what I wish to direct your attention to is the fact that intelligence belongs in that class of things measured by the foot-pound and not in that class of things measured by the cubic foot.

The verb *to acquire* means to obtain by effort, by the performance of work, and work is measured in foot-pounds.

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\*Extracts from a lecture delivered before the Zoological Department of the University of Chicago, April 12th, 1916.



If a man goes into a gymnasium he acquires strength by the exercise he takes, and the amount he acquires is measured by the foot-pound of work he does. He will acquire more strength (muscular energy) by doing a million foot-pounds of work than by doing a thousand foot-pounds. Acquirements are also measured by time. A man who exercises regularly will acquire more dynamic development in a month than in a week, more in a year than in a month, and so on.

If an offspring is to inherit an acquirement made by the parent, the parent must make the acquirement first and get the offspring afterwards, not get the offspring first and make the acquirement afterwards. Among animals which work regularly, the greatest acquirement exists in later life, hence, if acquirements are inherited, the better progeny should come from the older parents. On the other hand, if the better offspring does come from the older parents, that fact would mean the inheritance of acquirements, and mean nothing else. The reason is that age of parents represents time, and time is a factor in the measurement of work performed, and not a factor in the measurement of anything else.

It is commonly said that Weismann knocked out the doctrine of inheritance of acquirements and Lamarck's theory at the same time. Weismann did nothing of the kind, either directly or indirectly. He attacked Lamarck on the inheritance of mutilations, but if he had known anything whatever of the subject about which he pretended to give information he would have known that the assumed inheritance of mutilations had nothing to do with Lamarck's theory. He also would have known that Lamarck had distinctly stated that mutilations were not inherited.

We are told that Lamarck's theory is that the offspring inherit the effects of the action of the environment upon the parent. It is nothing of the kind. Lamarck took par-

ticular pains to caution his readers against putting such an interpretation upon anything he said.

Your text-books tell you that Lamarck's theory is "a species forming theory." It is nothing of the kind. Lamarck says species are an artificial classification by man for convenience, but that they have no existence in nature and have nothing to do with his theory. Lamarck's theory is a theory of the evolution of structural types by the action of habits formed in the struggle for existence, the kind of struggle being determined by the environment. Thus, animals living in water will struggle in certain ways; animals living in the ground will struggle in still other ways; and so on. (See Packard's Translations.)

I am telling you these things for the purpose of pointing out to you that the doctrine which denies the inheritance of acquirements is based on an amazing amount of misinformation. It is also based on a total lack of scientific investigation of the subject. Acquirements are obtained by work, and work is measured in foot-pounds or some units convertible into foot-pounds. No investigation of this subject can have scientific merit unless it makes some attempt to measure acquirements quantitatively and compare such measurements with subsequently produced offspring

A parent cannot transmit what he does not have. If he can transmit no more than he inherited, how can there be an evolution of animal powers, either mental or physical? Perhaps you think that such an increase might come by mutation or advantageous variation. But stop a moment to think what that means. A child is born with something it did not inherit from its parents! That would mean that special creation had taken place somewhere in connection with the reproductive process.

But some persons say that there has been no evolution of mental power, and they point to the men of ancient Greece as being equal to anything which has since existed. I might dispute that claim, but there is a better answer.

We are not descended from Aristotle, Plato, Socrates, et al. Our ancestors were savages two or three thousands years ago. The fact that there were great men in ancient Greece is not evidence that we are no improvement over the savages from whom we are descended.

But it is even said that we are not inherently superior to those savages, and that the apparent superiority comes from education and accumulated information sometimes designated as social heredity. But how about another three thousand years, ten thousand years, a hundred thousand years, and so on back? If you deny all evolution of mental and physical powers, then you return immediately to the Garden of Eden story with each kind of animal originally created equal to anything which has since existed. If you attempt to dodge the Garden of Eden story, then you admit that a parent may transmit more than he inherited. That "more" must be something acquired, or it must be some special creation associated with reproduction. Something from nothing is just as wonderful at one place as another. The issue is not dodged by removing special creation from the Garden of Eden to the germ and dividing it into small fractions so as to spread it over many generations.

If you wind up a spring you store work in it. You can get out as much work as you put in, and that work may be used to drive a clock, pump water, compress air, or do any one of many other things. If used to pump water the energy (stored work) is taken out of the spring and stored in the water. It may then be taken out of the water and stored in some other place, and so on in endless succession. There are laws relating to energy, which laws govern it in all of its transformations. But the energy which went into that spring came out of your muscles, and you may be certain that these laws governed that energy while it was in your muscles and on its way to and from that place.

You may concede that fact, yet think that human intelligence stands on a different footing. A mathematical calcu-

lation performed by either the human intelligence or a calculating machine is the same thing, and things which are equal to the same thing are equal to each other. The energy employed to drive the calculating machine is measured in foot-pounds, and the difference between the energy going through the machine and that going through the brain is a difference in the efficiency of the apparatus and not a difference in the essence of the energy involved.

Energy is transformable into many forms, yet it is always the same energy, and is always measurable in foot-pounds or some units which may be transformed into foot-pounds. Heat, light, electricity, physical strength and human intelligence are different species of the genus energy. There are specific laws for each species and generic laws for the genus. What I am driving at is to point out to you that the evolution of physical strength and human intelligence is and must be in accordance with certain generic laws which are definite and precise things in science.

The first of these laws is to the effect that you can't get something out of nothing. If, in the process of evolution from monad to man, we get successive generations of animals having greater and greater physical and mental power, the energy involved must necessarily have a source. That source can only be some existing form of energy. One trouble with the biological teaching of the present day is that it assumes conditions which involve a contradiction of this fundamental law known to science as the Conservation of Energy.

The second law relates to the behavior of energy and the only possible conditions under which it may be conveyed from its source to an available condition in man or mechanics. This law says that energy left to itself always dissipates and can be raised to an available condition only by the performance of work. This means that if there has been an evolution of mental and physical powers at any time in the past, that evolution was necessarily the product

of work performed. Unless you are prepared to denounce as unsound the fundamental laws of another science, this is a conclusion you must accept. This second law is known to science as the Dissipation of Energy, and a large amount of the scientific progress during the past half century is based on a recognition of the soundness of this law.

The eugenists are telling us that the superior part of the population is producing an average of about a child and a half to the family, while the inferior part is producing some six or eight children to the family. That is a partial truth which may be a new discovery to the eugenists, but it is not a new phenomenon in the history of man. The same thing existed fifty and a hundred years ago. It existed in ancient Greece, and there are indications that it existed in China at the time of Confucius.

The eugenists tell us that from the feeble-minded we get only feeble-minded, but if we are not all descended from feeble-minded ancestors, then evolution is false. Evolution tells us that we are descended from a common ancestor with the ape, and we cannot assume that common ancestor to have been mentally superior to those members of our community which we now designate as feeble-minded. Go back only twenty generations (about 600 years), and each one of us has more than a million ancestors taken from the common stock. In a population of a million there are many feeble-minded persons. But, on the test of family size, we can find them much nearer. None of us can go back far in our pedigrees without coming to large families. Under the Binet test, our eugenists would condemn their own ancestors as unfit to reproduce, and they would find those "unfit" ancestors much nearer than most of us suppose.

There is and always has been improvement in power capabilities from generation to generation. The most clearly defined and best recorded case is the American trotter which was developed from the three minute trotter to the two minute trotter in a hundred years. I have published full

details of the process by which this improvement has been brought about, yet those who deny the inheritance of acquirements have deliberately shut their eyes to this definite and positive evidence, and have gone on repeating their unfounded statements.

But you need not take the evidence I have collected. You can see the same thing from the animals with which you deal. Acquirements are obtained by the performance of work. With that in mind it can be seen that the amount of work performed per generation before reproducing by the different kinds of animals is an accurate representation of their advancement in power capabilities. This is true for all kinds of animals but is most easily seen in the higher animals. Man is intellectually superior to other animals simply and solely because he is mentally active more hours a day for more years before reproducing than any other animal. Increase the amount of work per generation and the race will advance. Decrease it and the race will degenerate.

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### PREPAREDNESS IN OBSTETRICAL PRACTICE.

W. T. MARRS, PEORIA, ILL.

Many changes and modifications have been made in the practice of medicine during the past quarter century, and even the practice of obstetrics is not the same as it once was. While greater knowledge and care and skill have come to the aid of motherhood, lowering the mortality somewhat to both mothers and infants, as well as adding to their sum total of health and happiness, yet some of the fads and propagandas so energetically lauded have had the by-effect to bring about unrest and dissatisfaction among many women.

Now, for instance, the hospital is a place of landing for that interesting if not always welcome bird yclept the stork. That the hospital with its perfect appointments and trained attendants is an ideal place for accouchment no one would be so foolish as to dispute for a single moment. The social

extremes, the very rich and extremely indigent, can always find shelter in good hospitals during this critical time, but it does not scream out in a beckoning manner to the so-called great middle class. The most of the babies come from families who barely make a living and can afford few luxuries. The expectant mother of this class, with perhaps two or three youngsters on the ground floor demanding maternal care, can scarcely stand the expense of that indefinite stay in the hospital which will insure her fitness to return to the home nest. Too often the woman who is compelled to forego hospital care at this time feels that her future health and usefulness have been jeopardized. Sometimes these surmisings may be well grounded. The plea that I would here make, therefore, is for better obstetrics in the home when the home is the only place available. Intelligent care and co-operation between the physician and the family with a modicum of worldly goods can make the home a fairly good place for confinement.

Considerable unrest has been engendered in the breasts of prospective motherhood because of lack of availability of that rather illusive thing known as "twilight sleep" or **painless childbirth**. The wide publicity given to this thing has caused countless numbers of women everywhere to deplore the fact that they are denied the beneficence of its soporific and amnesic influence. Many have broken faith with the trusty old family obstetrician because they are persuaded to believe that he is behind the vanguard of progress several miles and that he has failed to qualify in the more recent things which are a boon and a blessing to womankind. And after all I believe their worries along this line are more apparent than real. My observation has been that the majority of obstetricians make use of such aids as will make labor reasonably free from pain, or at least rob the pangs of parturition to as far a degree as is compatible with safety and the best interests of the woman in travail. If he does not do these very things he is coming short of his bounden duty.

The plea that I would make, therefore, is for better obstetrics on the part of the general practitioner. A great many doctors profess to abhor obstetrics and tolerate it only because it is a feeder for family practice along other lines. We know that the long hours of waiting are irksome, that office hours are upset, and that many other affairs of routine must go glimmering if we give these cases the conscientious care they deserve. The man who is not willing to make these sacrifices complaisantly has not the making of a good obstetrician. Patience and painstaking care must be his watchwords at all times. He may meet with rebuffs and disappointments of varied kinds, but after all we have the assurance that in the great scheme of life there is a leveling compensation that makes all things work out for the best in the end. We get paid for all our pains somehow, if not otherwise at least in a satisfied conscience.

The obstetrician must be a prepared man. Someone has said to prepare for emergencies and they will not occur. By preparedness, an overworked word at present by the way, I have special reference to that attitude of mind on the part of the man which will prompt him to give all the time and attention to a case that it may demand. He should not take cases that he feels he cannot give just service. I cannot blame any physician who shows a reluctance to take a case where he is called to come in a hurry to deliver a woman, especially where no attempt has been made to arrange previously for so important an event—a condition in which the woman's life and the doctor's reputation are at stake. As a matter of fact, however, nearly all of us do respond, and that quickly. In this age of diffuse intelligence there is no excuse for the expectant mother in the most humble home not having consulted a medical attendant one or many times. It is among our most important duties to look after the woman's condition for a few days and weeks preceding labor and if need be instructing her in matters of hygiene and how to prepare for a reasonably sanitary and aseptic confinement. Our careful aseptic



maneuvers may count for little if the field in which we work is devoid of even ordinary cleanliness. Preparedness on our part then has particular reference to seeing our patient in advance and bringing to her mind the importance of having herself prepared in the best possible manner for this ordeal. Impress upon her the necessity of a clean bed, sterile linen and utensils, and clean and careful attendants. Convince her of the hazards attending the use of unsterile cloths and that cotton and gauze may be provided abundantly in unbroken packages at little cost. Attend to details, although not to an extent bordering on fads and frills that are not necessary lest our major aims be defeated. Even so good a thing as sepsis and antiseptics should not be overdone. Physicians in their zealous fight against possible germs sometimes douche or antisepticize so far as to disturb the protective secretions of nature and may make tolerable matters worse. I have heard of a doctor who carried this idea so far as to make it a rule to swab out the emptied uterus with a strong carbolic acid solution. This is antiseptis with a vengeance, otherwise meddlesome midwifery.

The obstetrician should have a good working armamentarium. On one occasion I was called in consultation with a physician who had with him no equipment or medicines of any kind except an ounce bottle of ergot. Sometimes the outfit of fairly practical men may not be quite as replete as it should be. The bag should at least contain these articles: Forceps, placental forceps, catheter, scissors, thread, needle holder and needles, a hypodermic syringe with the standard pain-relieving drugs, as well as cotton, gauze, rubber gloves and sterile lubricating ointment. Drugs that might come in handy are, first of all, chloroform, then ergot, pituitrin, atropine, morphine, quinine capsules, alcohol, boracic acid, and a two-percent solution of silver nitrate for the babies eyes, or still better, Sylvol. It is better to leave craniotomy tools at home, they can be secured while

sending for more doctors to help bear the responsibility of using them.

This article may not be very illuminating. I can't say that I am entirely satisfied with myself. My old trusty typewriter and I have worked it out at one short sitting and without much meditation or forethought. Someone said, "I thought so." Anyway, if I have made amusing reading for a few minutes perhaps my efforts will not have been in vain.

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### ***Records, Recollections and Reminiscences.***

#### **NINETEENTH ANNUAL MEETING OF THE ASSOCIATION OF THE MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERATE STATES.**

*Held at the Tutwiler Hotel, Birmingham, Ala., May 16, 1916.*

This was a very enthusiastic meeting and much business of importance was transacted. The old Constitution was repealed, and a new Constitution was adopted. The objects are stated as follows:

"The objects of this Association shall be to collect all data possible relating to the Medical Departments of the Army and Navy of the Confederate States; to ascertain the Military Records of all the officers, and prepare a Roster of the same; to honor the memory of its deceased members; and otherwise not already mentioned to perpetuate the history of the Medical Departments of the Army and Navy of the Confederate States."

It is provided that the membership hereafter shall consist of the following:

"SEC. I. The membership of this Association shall consist of Surgeons, Assistant Surgeons, Acting Assistant Surgeons, and Chaplains of the Army and Navy of the Confederate States.

"SEC. II. All those who served in the Army or the Navy as soldiers or sailors, not then medical officers, but who after the war became practitioners of medicine in good standing; and all practitioners of medicine in good standing whose fathers or grandfathers served in the Army or Navy are eligible to full membership."

The Committee on the Roster of the Medical Officers of the Confederate States reported as follows:

The Medical Department of the Confederate States Army rested in the hands of the Secretary of War, and was conducted by the Surgeon General and his Staff.

There were nominated by President Davis, and confirmed by the Senate, as follows:

Surgeon General—Rank of Brigadier General of Cavalry .....	1
Surgeons—Rank of Major of Cavalry.....	1,242
Assistant Surgeons—Rank of Captain of Cavalry.....	1,994
<hr/>	
Total.....	3,237

The Medical Department of the Confederate States Navy rested in the hands of the Secretary of the Navy, and was conducted through a Bureau.

There were nominated by the President and confirmed by the Senate of the Confederate States Congress the Medical Staff of the Navy, as follows:

Surgeons .....	26
Passed Assistant Surgeons.....	13
Assistant Surgeons.....	63
Assistant Surgeons for the War.....	5
<hr/>	
Total.....	107

A resolution was passed constituting Samuel E. Lewis, M.D., a committee of one to represent the Association in the endeavor to procure legislation by the United States Congress looking to the compilation of the Military and Naval

Records of the Surgeons and Assistant Surgeons of the Army and Navy of the Confederate States, so far as they may appear in the Confederate Archives now held in the possession of the United States Government, and the publication of the same for the use of the public libraries of the country.

The Committee on the Records of Medical Director Samuel Hollingsworth Stout of the Army of Tennessee, Confederate States, reported that these records consist of about one thousand pounds of manuscript, retained and secured by him from the beginning of the war until the fall of the Confederate States Government, securely boxed and preserved by him, and they are now in that condition intact to this time. They have been pronounced by competent distinguished Surgeons in the service of the United States Government to be of very great historical and practical value.

The Committee on erecting a monument in commemoration of "The Surgeon General of the Confederate States Army, and the Medical and Surgical Departments, and the Women Nurses," reported in full to date. This report is quite comprehensive. It is sufficient to state that favorable progress is being made, and the outlook for the future is highly encouraging.

The Committee on badge and button made report with recommendation that they consist of a design as follows:

"For a symbolical emblem representing that part of the Medical Corps of the Confederate States of America now consisting of the Association of Medical Officers of the Army and Navy of the Confederacy.

"Primarily a blue Greek Cross, saltier, edged with a narrow white filet or border, and bearing thirteen white, five pointed stars, all parts of the same design as those of the cross emblazoned on the Battle Flag of the Confederate States of America.

"Secondarily, the mythological Caduceus, consisting of the rod of Mercury, indicating authority; attached to which is

a pair of wings indicating speed; and entwining which are two serpents indicating wisdom; the whole being symbolical of the healing art; and is to be subordinate to the cross, and placed behind it.

"Thirdly, is an arc above the caduceus to be inscribed with the words "Deo Vindice," quoted from the Great Seal of the Confederacy, being liberally rendered to signify that God maintains—or God vindicates.

"Fourthly, the figures 1861 to be placed to the left of the cross; and the figures 1865 to be placed to the right of the cross, designating the period of the war between the States.

"Fifthly, at the top, and above all, to be placed the initial letters A. M. O. A. N. C. S., standing for the name of the Association.

"Sixthly, the entire combination being intended to be read as a symbolical emblem, as follows: *The Association of Medical Officers of the Army and Navy of the Confederate States.*"

The officers elected for the current year are: President, Carrol Kendrick, M.D., of Kendrick, Miss.; First Vice-President, J. C. Loggins, Ennis, Texas; Second Vice-President, E. H. Sholl, M.D., of Birmingham, Ala.; Secretary-Treasurer, Samuel E. Lewis, M.D., of Washington, D. C.

The next Annual Meeting will be held in the city of Washington, D. C. The announcement of the time will be made in *The Southern Practitioner* and other Medical Journals, two months prior to the holding there of the next Reunion of the United Confederate Veterans, the Sons of Confederate Veterans, and the Confederated Southern Memorial Associations.

SAMUEL E. LEWIS, M.D.,

Washington, D. C., June 15, 1916.

Secretary-Treas.

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"ROBINSON'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See advertising page 13, this issue.)

## Editorial.

### THE GREATEST PHARMACEUTICAL MANUFACTURING HOUSE IN AMERICA—AND IN THE WORLD!

Full forty years ago, being in need of a certain active drug, I wrote a prescription for a preparation made by Parke, Davis & Co. The product was most satisfactory in its action. During the months that followed I had the good fortune to have sent me on my prescriptions several other preparations made by Parke, Davis & Co. They all proved so efficient, and the results were so gratifying to both my patients and myself, that in succeeding years, when ordering pills, powders, fluid extracts or tinctures, I have often specified Parke, Davis & Co.; and I wish to say, right here and now, that in all these years I have never been disappointed in the use of any drug that came from this widely known pharmaceutical manufacturing house.

From 1876 to 1896 I attended seventeen annual meetings of the American Medical Association; and in all these years, among the pharmaceutical displays at these conventions I found none more worthy of both admiration and esteem than those in charge of the genial and courteous representatives of this reliable establishment. During the last two decades unavoidable circumstances have prevented so frequent attendance at these important meetings. When the opportunity has offered, however, to be present at the annual gatherings of the representative medical men of America, I was always more than glad to meet the representatives of this great pharmaceutical manufactory, mainly on account of the very satisfactory results obtained from the use of preparations bearing the so well known label of Parke, Davis & Co.

In the current year it was my good fortune to be present at the sixty-seventh annual meeting of the A. M. A., and one of the most enjoyable features of that occasion was the opportunity afforded me of visiting this splendid, well-arranged and thoroughly equipped establishment. Just *what* I saw there would require a more virile and fluent pencil than mine, and many hundred folds more space than we can spare, to even cursorily describe; however, I will venture to give a brief and somewhat running and rambling statement of some of the facts that came under my personal observation. I could well fill the more than 600 pages of twelve consecutive issues of *The Southern Practitioner* with even a limited description of the many important, attractive and striking items of interest, "*and the half would not be told.*"

On Friday, June 8th, at 8:30 a. m., on making my way down to the office of Messrs. Parke, Davis & Co., on Atwater Street, just off the corner of Joseph Campau Avenue, I was cordially met by Mr. Harry Skillman, of their "Literary Staff," and by him was placed under the guidance of Mr. D. W. Paton, a genial, courtly and brainy young gentleman who has charge of a special department of this most wonderful manufacturing pharmaceutical establishment.

Well, I walked with him for three full hours—from 9 a. m. until 12 noon—and was so interested in the many wonders of mechanical ingenuity, so graphically and lucidly explained by my efficient guide, that it seemed but a scant half hour. Before I go into even a cursory detail of the many—aye, multitudinous marvels I saw, let me first indulge in a few historical facts, touching very briefly on the history of this establishment, for "history to some is but dull reading." This great manufactory was started in 1866, only a half century ago, as Duffield & Parke, later known as Parke, Jennings & Co. It was incorporated in 1875 as Parke, Davis & Co. Hervey C. Parke, who might properly be called its founder, and George S. Davis, a one-time employe, were the leading incorporators—both practical, experienced and wide-awake pharmacists.

The paid-up capital at that time was not quite \$100,000, and the business was conducted in a two-story building not more than 80x40 feet in area, on the lowlands in the suburbs of Detroit, fronting on the Detroit River. By wise and efficient business methods the original capital has been expanded to the sum of \$10,000,000; and the little old building fronting on this great artery of commerce—for through the Detroit River passes annually a greater tonnage of freight than has ever reached the great metropoli of London and Liverpool, great marts that they are, in any twelve consecutive months—yes, the original 3,200 square feet of ground space in suburban Detroit has been expanded to full sixteen acres, six city blocks—literally covered by four and five-story massive brick buildings; furthermore, just across the river on the Canadian shore is the Walkerville Branch, covering between six and seven acres; and yet again is there the "Biological Farm" at "Parkdale," adjacent to Rochester, Mich. (but thirty miles from Detroit) of over 700 acres, with its twelve beautiful one and two-story buildings, where are kept in luscious meads and pastures the horses, heifers and other animals leading a most enjoyable pastoral life, luxuriating in all the good things that the fertile Michigan soil of their habitat can produce for their perfect health and well being—these animals so essential to the production of life-giving and health-protecting sera and vaccines.

And still yet again, there are the "*Branch Houses*" of Parke, Davis & Co., located in the following metropolitan marts of the world, viz.:

# Therapeutic Thoroughness

is possible only when the remedies used by the Patient, are exactly what the Doctor prescribed.

More than 20 years experience, among physicians in all parts of the world, show that there is no successful substitute for



Directions:— Always heat in the original container by placing in hot water. Needless exposure to the air, impairs its osmotic properties—on which its therapeutic action, largely depends.



There are many uses for Antiphlogistine, during the warm season—slight yet annoying ailments, such as occur during out-door activities—Bruises—

Sprains—"Base Ball fingers"—Stings—Bites of insects and reptiles—Sunburn—Poison Ivy—Inflamed wounds from Fireworks or Firearms, etc.

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By ordering Antiphlogistine in full and original packages: Small, Medium, Large, or Hospital Size, "a perfect poultice" is assured.

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*Physicians should WRITE "Antiphlogistine" to AVOID "substitutes"*

*"There's Only One Antiphlogistine"*

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THE DENVER CHEMICAL MFG. CO., NEW YORK, U. S. A.

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**IF YOU ARE USING**

**some nondescript inferior substitute for**

***Gray's Glycerine Tonic Comp.***

**FORMULA DR. JOHN P. GRAY**

**you are not getting the results you would were you using the original. On the contrary, your patients fail to receive the benefits they hope for—or you to accomplish the effects you have a right to expect.**

**“The original Gray's” (in 16 oz. Bottles) represents the highest quality, constant uniformity, and definite responsibility. That is why its use means protecting your patients' welfare and safeguarding your own interests.**

**Insisting on “the original Gray's” often means  
the difference between SUCCESS and FAILURE.**

**THE PURDUE FREDERICK CO., 135 CHRISTOPHER STREET, NEW YORK.**

**ADVERTISED EXCLUSIVELY TO THE MEDICAL  
PROFESSION. FREE SAMPLES AND LITERA-  
TURE FURNISHED ON APPLICATION**

New York and London; Chicago and Sydney, Australia; St. Louis and St. Petersburg, which we now call Petrograd; Boston, Baltimore and Tokio; New Orleans, Minneapolis, Seattle and Buenos Ayres; Kansas City, Pittsburgh, Buffalo, Cincinnati, Montreal and Bombay of "farther India;" making in all, with their splendid Walkerville Branch, just a dozen branch houses in America, and two-thirds of a dozen in foreign lands—a score of branches of the magnificent "Home Plant."

It requires quite a number of operatives to carry on the great work of supplying the many millions of patrons of P., D. & Co. with pharmaceutical products and preparations—more than 3,500 in all, men and women, of whom about 2,300 are occupied in the parent house; between five and six hundred at the Walkerville Branch, and the remainder at the other branches, local representatives in foreign lands and traveling men, or "drummers," on the road, both domestic and foreign, including the hunters and seekers of known and unknown drugs amid the wilds and wolds of Asia, Africa, Australia, Europe and both Americas.

Each of these branch houses, having its own complete organization and traveling representatives and carriers, sells and ships its own goods, and is practically an independent unit and yet the parent house has, in addition, local offices in many important American and foreign cities and meandering anywhere on the face of our globe, the chances are nine out of ten that in every city of any size we will find that the preparations of Messrs. Parke, Davis & Co. are well and favorably known—so much so that its representatives anywhere and everywhere can use the slogan of the "blarsted Britishers" and say: "The sun never fails to shine on our flag a single hour of the twenty-four in each day in every year."

Touching on the magnitude of Parke, Davis & Co.'s operations, here are a few additional facts of interest. The floor space in the home buildings in Detroit amounts to 775,654 square feet. Over 7,000 electric lamps are required to illuminate the plant. Ointments are frequently made in lots of a ton. It would take an experienced bank clerk one-third of a century to count the capsules made in a single year. One great hall is filled with whirling mills, each of which devours more than a ton of drugs a day. The fluid extract department contains hundreds of percolators, each with a capacity of 400 pounds of crude drug. In other departments are more than a hundred great vats and tanks from which emanate vast quantities of elixirs, syrups, and flavoring extracts. We find extractors holding 1,100 pounds of drugs, and there is a battery of four vacuum pans, each accommodating 600 gallons of liquid at a time.

One operator alone makes over two hundred thousand hypoder-

matic tablets daily. Any one of several pill machines turns out many hundred thousand pills a day. Several monster churns, driven by powerful motors, convert distasteful cod-liver oil into palatable emulsions. Three rooms filled with swiftly moving tablet machines turn out an annual volume of countless millions. In the drug loft are over 600 different crude drugs in immense quantities, and one may observe hundreds of thousands of pounds of Cascara Sagrada going through the "aging" process.

The visitor might well be moved to inquire, seeing all these things, how such vast quantities of material could possibly be handled without error or admixture. We cannot enter into detailed explanations, but we may say that the seemingly impossible is accomplished by a thorough system of checking operations adapted to every step of the manufacturing process, by the most minute inspection, and by comprehensive records which cover every detail and hold every employe to full responsibility. Their products are unexcelled for accuracy, quality and reliability.

Parke, Davis & Co., operate a full equipped automobile garage where three men look after the electric trucks and gasoline runabouts required in their city delivery service. The entire manufacturing plant is electrically driven. Every month is sent out, from a central mailing department where seventeen girls do nothing but fill and address envelopes, on an average, 300,000 pieces of mail matter, at a postage expense of \$5,700.00. Over two and a half million pounds of freight are shipped every month from the Detroit plant alone, not considering what is done in the branches and branch laboratories. The annual expense for freight charges on railroad and boat lines is something over a million dollars.

However, let me get on with my personal observations. While walking through the various rooms of this remarkable pharmaceutical manufactory, under the guidance of Mr. Paton, leaving with reluctance the beautiful river view below, looking over a lawn that is a picture in itself, going from the handsome "Reception Room," we passed by the "working office" where more than a hundred typewriters were rapping away as the expert operators touched the keys. We then went through the "Ladies' Reception Room," specially prepared and arranged for the busy bees of the gentler sex; a "ladies' gym," with a floor space of some 40x80 feet, very tempting and attractive even to an old man who half a century ago many a time and oft "tripped the light fantastic." Next we went through the library, with its several thousand volumes of both modern and recent as well as classic literature—romance, history, mechanics, biography, etc.—admirably arranged on shelves, with its central tables occupied by no less than forty of the most popular magazines

of the present day. Bulwer Lytton, Dickens, Thackeray, Washington Irving, Fennimore Cooper, we noted on the shelves, as well as Rhinehart, Cobb, Artemus Ward, Mark Twain, Kipling, "*et id omne genus*;" and on the tables we saw in passing *The American Boy*, *Argosy*, *Atlantic*, *Century*, *Cosmopolitan*, *Everybody's*, *Harper's*, *McClure's*, *Munsey*, *Outing*, *Popular Mechanics*, *Review of Reviews*, *Scribner's*, *Smart Set*, *Scientific American*, *Wide World*, *Woman's Home Companion*, *Young Ladies' Journal* and *Needlecraft*, side by side with other attractive periodicals. This is a circulating library, the operators being allowed to keep any of the periodicals for four consecutive days, and the bound volumes for two weeks at a time.

Passing the "Library," we crossed over a covered way and entered one of the rooms devoted to the making of tablets of poisonous drugs, such as opium, strychnia, hyoscyamus, etc. These very essential but dangerous tablets, both compressed and triturates, are handled with an exclusiveness that is both strict and rigid.

Next we passed through the more extensive rooms in which are made the tablets, pills and powders of the non-poisonous drugs, such as rhubarb, aloes, assafetida, etc.—coming face to face with machines making by the millions our old "sarching" friend, "Pil. Cath. Comp," as well as many others of that ilk. Each step in our progress almost overwhelmed us with wonder—yes, astonishment at what is being done by machinery—even to the counting of the innumerable tablets, pills and granules. And still our wonder grew as we passed from one department to another, amid the whirl of wheels and the hum of tireless machinery; more especially so when we traversed the capsule department, where empty and filled capsules, including the elastic or soft capsules—the making and filling with powders, solid and fluid extracts, oils and oleo-resins, being all accomplished by unerring machinery. Ah, it was a revelation indeed, and my three hours' walk seemed but a scant half-hour.

After a most enjoyable luncheon, as a guest of Mr. Harry Skillman, at the magnificent, beautiful and exquisitely equipped Athletic Club of Detroit, taking two hours off for rest and refreshment, at 2 p. m., we resumed our peregrinations with Mr. Paton, and devoted the time until 5:30 p. m. in going through some of the other important departments—seeing the process of making elixirs, fluid extracts, tinctures, etc.; the filling of ampoules with Pituitrin, Adrenalin, the Phylacogens, etc.; the glass factory, where all the ampoules, syringes, and everything that this great establishment needs and uses that is made of glass, except the stock bottles and demijohns, are manufactured. Yes, we went through their box factory and saw the wonderful machines making the many millions of boxes and cartoons, etc., for containers of the reliable and excellent

pharmaceutical products made here. The printing office through which we passed is said to be the largest in the state of Michigan. Furthermore, P., D. & Co. have their own blacksmith shop, with its anvils, bellows, vises and tongs for repairing their many machines and mechanical devices; also their tin shop, carpenter shop, etc., to say nothing of the huge boilers and engines for driving the great dynamos that supply the electric "juice" for running their many machines, as well as a "water-works" that pumps from subterranean pipes the immense supply of water needed in so extensive a plant and for fire protection.

With the new boilers, recently installed, some horizontal, others vertical, all stoked automatically—railroad cars dumping the coal into a chute from which it is carried by conveyors to the furnaces; even the ashes and cinders being carried away by mechanical devices, is run the two immense engines of 250-horsepower each, two others of 155-horsepower each; which with smaller engines furnish a total of 3,000 horsepower. The old engines and boilers are still being used for supplying water to flush the floors of the buildings, and also serving as a crematory to dispose of all waste. A separate engine, run at a low rate of speed, day and night, for fire protection, and so arranged that the fire alarm with which the establishment is equipped gives the signal from any locality in the sixteen acres of space covered by the buildings, automatically springs into action, and in an instant can throw six streams of water through the average size fire hose nozzle to the top of the highest building in the plant. In addition thereto are automatic sprinklers on every floor, supplied by stand-pipes owing their supply to Detroit's water system.

Ah! but my Pegasus is about to take the bit in his teeth and run away with me; hence I will try and condense my observations, possibly with some recapitulations; yes, I saw the making of tablets and tablet triturates, pills, powders, plasters and ointments, empty and filled capsules, as well as elastic capsules and globules, ampoules for sera and vaccines, boxes, cartons, labels, fluid and solid extracts—aqueous, alcoholic and acetone; tinctures, syrups, elixirs, effervescent and other salts, oils and oleo-resins—including the oil from sandalwood, etc., all made by machinery, and put into their respective receptacles by mechanical means, including measuring, weighing and counting; as well as boxes, bales, barrels and packages of crude drugs from the very ends of the earth, all inspected and tested by botanical, chemical and physiological experts; and the various articles and preparations brought to and carried from the well-trained and expert operatives, to the stock room, from there to the shipping department, by mechanical conveyors, with railroad tracks running

to each and every building to ship and unship the many products and purchases with which to relieve pain and sickness and ward off the grim monster who rides the pale horse.

And then my somewhat hurried visit to the biological laboratories—a three-story and basement building of about 150x50 feet, standing on the river front alongside the beautiful lawn with its emerald carpet. We were only permitted to pass through the corridors, the something over 100 separate rooms being enclosed in glass—with “No Admittance” marked on every entrance. Yet we could see the male and female operators, clad in immaculate white garb, at their delicate and dangerous work, each one of whom is required to make an entire change of clothing before entering his or her separate work-room. Here they were handling, perfecting, testing and preparing the various sera and vaccines. It caused a shudder to run over the “old man” when he saw such ominous signs, beautifully inscribed in gold leaf, on the door of each room, such as “mallein”—that means glanders and death; living and killed tubercle bacilli, tetanus, rabies, etc., not leaving out antidiphtheric serum. Oh! it is most wonderful and beautiful—beautiful in that so much here is done to stay the grim monster.

Well, Friday, June 8th, 1916, was a memorable day, although I have seen many things both wonderful and strange in the years of life allotted me. On the forenoon of Saturday, June 9th, ult., I met Mr. Paton my appointment, and he took me, at my request, through the Walkerville branch; and the first time in my life I passed from under the protecting aegis of Uncle Sam—beyond the folds of the Stars and Stripes. I found myself at home under the Union Jack, and in the realms of the mother country, in the domain of King George V.

And what shall I say of the Canadian or Walkerville branch of P., D. & Co.? It would be but a repetition, reduced in magnitude, of what I saw in the parent house. While the latter is a *multum in magno*, the former is by no means *multum in parvo*. Smaller, to be sure, but the same beautiful degree of cleanliness, neatness, perfection of detail and splendid executive management. And when the hands of the clock reached 11:30 a. m., all the whirring wheels of P., D. & Co. on both sides of the Detroit River came to a stop—in order that the many zealous workers might have time to prepare for the coming Sabbath day.

We have not mentioned the many devices we saw that had been installed by Messrs. P., D. & Co. for the betterment of their industrial force. Oh! it is a wide-awake corporation, and this particular point has not been overlooked. Just one instance—up to some three years ago, they stopped all their capsule making three months in the

year, as the summer months interfered with the solidification of the gelatine, and a large part of their operatives were enforced to three months of idleness, or rather let my say, want of occupation; but now with their massive engine force they have installed a refrigerating plant that keeps this capsule department at a proper thermometric range, and they now make capsules twelve months in the year instead of nine. And yet again, in every department that I visited, even in the drug-grinding rooms, all dust was kept out of the way by exhaust fans, and we did not even have to sneeze once when standing over an immense mill grinding capsicum, or its neighbor pulverizing piper niger.

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PHYSIOLOGICAL FRICTION is of double disadvantage. To the patient it brings discomfort, pain and sometimes severe suffering. It sometimes causes the doctor to lose some of his deftness and thus impresses his patient that he is careless—or not as skilled in manipulation as he might or ought to be.

Physiological friction is further to be regretted because it is so easily avoidable in most instances. A skidding sound hurts, but when well lubricated with K-Y Lubricating Jelly, which is friction's antidote, it slips securely along its accustomed or intended track. A dragging rectal or stomach tube strains the patient's forbearance, and often makes the dread of repetition so strong as to postpone or abandon subsequent calls.

An examining finger hurts—unless perfectly lubricated, and the word perfectly does not admit of grease or oily substances; grease is not an ideal agent for this purpose—it soils the patient's clothing, prejudices the doctor's reputation for consideration, and marks the user as being unprogressive and careless.

K-Y Lubricating Jelly is friction's antidote. Because K-Y Lubricating Jelly is slippery—not sticky—and therefore easily adapted for lubricating instruments of penetration. It is greaseless and water-soluble, not only clean and easy to apply, but non-soiling and removable by even cold water without soap. The very properties that render K-Y Lubricating Jelly a perfect lubricant, make it emollient and protective. Furthermore, K-Y Lubricating Jelly is to a striking degree *soothing*. Applied after a burn or a "chafe" it relieves promptly and hastens healing.

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A GRADUATE OF QUEEN'S UNIVERSITY, *Kingston, Canada*, Supt. Gen. Hospital, 200 beds, desires similar position, or Asst. Supt. larger hospital. Best references. Write M. F. Coglon, M.D., C.M., Gen. Hospital, Kingston, Canada.

**CAMPETRODIN—A NEW IODINE PREPARATION:**—This preparation is an oleaginous solution of Iodine in Camphor. A soothing, penetrating, powerful antiseptic, local analgesic, alterative, ideal surgical dressing.

The great therapeutic value of Campetrodin is attributed to the fortunate properties of its vehicle, which permits the remedy to enter the tissues and blood stream, as it were, by osmosis, bringing about results immediate and satisfactory. Wherever the therapeutic properties of Iodine are indicated, Campetrodin can be relied upon, minus the disadvantage of crude Iodine. It relieves local pain promptly without local irritation; on the contrary, it can be applied to denuded or burned surfaces as an anodyne.

As an antiseptic dressing it is equal to any, and without the dangers of the most of them. In all cases where prompt absorption or lymphatic stimulation is desired, it penetrates the tissues almost as soon as it is applied to the skin.

Campetrodin (double strength) is especially valuable in reducing swollen glands, and relieving obstinate, deep-seated rheumatic and neuralgic pains.

Both strengths are supplied on prescription in one, three, and eight ounce bottles.

On request the manufacturers, A. H. Robins Company, Richmond, Va., will be glad to send samples for clinical test.

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**THE "CITY" ANEMIC:**—The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers, and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, of course, remedy the cause of the anemia and general devitalization, it almost always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

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**NEPHRITIN** has consistently proven its great value in cases of nephritis, not as a specific, but as a real adjunct to the routine and dietary methods of treatment. It is not intended to supersede these, but as Renaut so well points out, "it is a therapeutic method which should be brought into current use, not that it should be used entirely



in place of other therapeutic procedures which have been recognized as useful up to now, but simply as an adjuvant to these methods." The sooner the patient with kidney disease is put upon *Nephritin* the better the results. As stated in the *London Lancet*, December 27th, 1913, "The use of renal therapy must often be continued for weeks or months before results can be expected; generally patience is exhausted and treatment given up because improvement is not immediate. To be effective, it must be continued for a long time. He who waits until all things are proved, will have experience only to reward his patience." Write to Messrs. Reed & Carnrick, 42-46 Germania Avenue, Jersey City, N. J., for their very interesting, valuable and instructive little booklet, "*The Kidney—Its Sphere in Organotherapy.*"

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COW'S MILK WHEN IT REACHES THE CONSUMER IS ACID, but Phillips' Milk of Magnesia is superior to lime water, as an antacid, for addition to milk, because: *One teaspoonful* of it is sufficient, as a rule, to neutralize one pint of milk, as against about *half a pint* of lime water required, and without diluting the milk nor imparting to it any foreign odor or disagreeable taste, as does lime water; furthermore, it renders milk more digestible by preventing the formation of tough curds and the souring of milk in the stomach.

*Lime water is constipating, while Phillips' Milk of Magnesia acts as a mild laxative* and is therefore of particular advantage where, as frequently happens, curd indigestion and colic are accompanied by constipation.

---

A RECENT COMMUNICATION STATES:—"I have used Tongaline for more than twenty years and have found it most satisfactory in every way. A very recent case which came under my care was one in which several physicians had failed, even with the use of organotherapy. Within forty-eight hours after Tongaline had been administered, there was a decided remission, of temperature and pain, and at the end of one month the patient, who was a lady about seventy years of age and had been a sufferer for years, was able to go about her room and to comb her own hair, something which she had not done for months previously."

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STANOLIND LIQUID PARAFFIN:—We believe that this was the first medicinally pure mineral oil made from American petroleum. Its sales during the fiscal year ending September 30, 1915, approximated in volume 3,088,096 pint bottles. As a modern therapeutic agent, *Stanolind Liquid Paraffin* is superior to most, and equal to any white

# Defective Elimination

readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise; thus *cause* and *effect* form a circle which must be broken by rational therapeutic treatment while proper hygienic conditions are being re-established.

## Cystogen-Aperient

(Granular Effervescent Salt)

performs a *double service* by stimulating to normal function and by disinfecting the intestinal and urinary tracts.

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Cystogen-Aperient is not presented as a saline purgative, but as a rational therapeutic aid wherever treatment is based on elimination; it combines the *laxative and tonic* properties of Sodium Phosphate and Tartrate with the *diuretic urinary-antiseptic* and *solvent* action of Cystogen ( $C_6H_{11}N_4$ ).

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which does not relieve every pain, but which is

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in a surprisingly great number of painful conditions, principally headache, neuralgia, and "rheumatic pain."

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Rational Procedure  
in  
Summer Diarrhea**

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**Mellin's Food**

*4 level tablespoonfuls*

**Water (boiled, then cooled)**

*16 fluidounces*

Give one to three ounces every hour or two, according to the age of the baby, continuing until stools lessen in number and improve in character.

Milk, preferably skimmed, may then be substituted for water—one ounce each day—until regular proportions of milk and water, adapted to the age of the baby, are reached.

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mineral oils, Russian or domestic liquid petrolatum, etc., regardless of name, specific gravity, source of manufacture or source of petroleum base. It is not a purgative, but acting as a lubricant, relieves constipation.

ZIRATOL, the *universal* antiseptic and germicide, is practically odorless, non-escharotic and very efficient—yes, high efficiency and low toxicity. Send for samples and literature to Bristol-Myers Co., 277-281 Greene Avenue, Brooklyn, N. Y. They are also manufacturers of "*Sal. Hepatica*," so well and widely known, and which, like "good wine, needs no bush." Their *Gastrogen Tablets* correct hyperacidity and greatly aid gastric digestion.

TO PHYSICIANS:—Questions regarding Mellin's Food and its application to infant feeding are a source of education to all those interested in this subject; we are, therefore, ready at all times to give careful attention to inquiries relative to the Mellin's Food Method of Milk Modification, which is scientifically correct and easily understood, is a statement made by Mellin's Food Company, Boston, Mass.

THE PROPHYLACTIC TREATMENT OF HAY FEVER:—The best way to treat disease is to prevent it. This is not a new thought. The expressive (if possibly inelegant) "prevention is better than cure" is as old as medicine. Unfortunately, prophylactic therapeutics has its limitations, and, while the science of preventive medicine is undoubtedly expanding, these limitations are still rather sharply defined.

So far as the preventive treatment of hay fever is concerned, there is reason to believe that some real progress may now be recorded—an agreeable augury when one reflects upon the long and profitless search for a curative agent worthy to be called a specific.

Ragweed pollen extract, for example, gives promise of being an efficient immunizing agent in the autumnal type of hay fever. Its use is based upon the generally accepted theory that the ordinary hay fever of late summer and early fall, with occasional exceptions, is due to the pollen of ragweed, or to the toxic effects of other pollens closely analogous to ragweed in their protein content.

A reliable, accurately standardized ragweed pollen extract is supplied by Parke, Davis & Co. Each package contains three 5-mil (5-Cc.) vials, of 10 units, 100 units and 1000 units per mil (Cc.) respectively; one vial of physiologic salt solution for use as a diluent, and one scarifier. The extract is administered hypodermatically. Injections may be made with any small hypodermatic syringe, the so-called tuberculin syringe being well adapted to the purpose. Literature giving all necessary information as to application and dosage accompanies each package. The extract may be procured through any retail pharmacist.

While good results have attended the use of rag-weed pollen extract after the disease has become established, the best effects are said to be obtained by early immunization. This prophylactic treatment should begin a month or six weeks before the expected manifestation of symptoms.

## Selections

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### MAGNESIUM SULPHATE IN THE TREATMENT OF TETANUS:

—We had occasion recently (May 20, 1916) to comment in these columns on the efficiency of tetanus antitoxin in the prophylactic treatment of this disease. When the affection has once developed, antitoxin is not nearly so valuable a remedy, though it cannot by any means be dispensed with. One reason for this is that the convulsive attacks so use up the patient's strength that he succumbs before the antitoxin is able to neutralize the toxin already in combination with the body cells. Various drugs have been used to combat these seizures and thus protect the patient while the antitoxin is allowed to act, but most of them carry with them the disadvantage of their own toxic action.

Ten years ago Meltzer and Auer introduced magnesium sulphate for this purpose after a series of experiments on animals, in which they were able to demonstrate the depressant effects of the magnesium ion. Robertson has continued his work on the study of tetanus with a résumé (*Archives Int. Med.*, 1916, xvii., 677) of the results which have been obtained by the use of this drug. Used at first only by intraspinal injection there was reported a mortality of 44.4 per cent, among which were many cases in whom the drug produced a marked amelioration of the symptoms. Later it was administered subcutaneously, and in the twenty-nine cases which he finds reported in the literature there was but one death. He admits that the number of cases is small and that they are obviously selected, but nevertheless insists upon the importance of the results obtained. The drug is also given intravenously, but this method of administration is not so practical, for its action is apparently dependent upon the concentration of the salt in the blood, and as it disappears rapidly from the blood stream it is necessary to inject it either continuously over long periods of time or repeatedly at rather short intervals.

The intramuscular injection is not used because of its painfulness.

There are, of course, certain dangers attendant upon the use of magnesium salts in this way. These dangers have been carefully studied by Meltzer, and quite recently Auer and Meltzer have reported (*Jour. Exper. Med.*, 1916, xxiii., 641) a number of experiments in which they produced anesthesia in animals by the intravenous injection of magnesium sulphate. They were able to produce a very satisfactory surgical anesthesia in dogs, but found that there was a distinct effect upon the respiratory center, so that it was necessary to continue respiration by means of Meltzer's method of intratracheal insufflation. Moreover, they showed that the effects of the magnesium could be neutralized by the injection of calcium chloride or sodium sulphate, preferably the former. In a very few minutes after the injection of a comparatively small amount of calcium chloride the animal recovered consciousness and rapidly became apparently normal again. There was no important exception. A dog which had an irregular heart before the experiment began did not recover, but died after an anesthesia lasting about one hour, in spite of the use of calcium. Robertson mentions apparent cardiac deaths from the intraperitoneal use of magnesium, so that the drug should probably not be used, at least for anesthesia, in the presence of cardiac insufficiency. In a case of tetanus the physician would have to use his best judgment after a study of the case.

Since the salt is excreted by the kidneys, it is apt to cause a certain amount of renal irritation, and the presence of albumin and casts has often been reported after its use. There is no evidence to show that this constitutes a dangerous or even severe injury to the kidney. In connection with this subject, it is worth while to mention the work of Gates and Meltzer (*Jour. Exper. Med.*, 1916, xxiii., 655), who recognized the antagonistic action of magnesium and calcium and showed that if the calcium of the body were re-

moved by the injection of a small amount of sodium oxalate, anesthesia could be produced by the use of a much smaller amount of magnesium sulphate than was otherwise required. The action of the magnesium salt is apparently limited, when given in subtoxic doses, to the motor nerve endings, and it is therefore well suited for the treatment of tetanus. The patient should be watched carefully as in any other serious condition, and there should be a solution of calcium chloride on hand in case of need. The possibility of renal injury may safely be neglected in the presence of the greater need. In the presence of cardiac disease the problem is complicated, but it is probable that even here magnesium sulphate offers more chances of benefit than of injury. The subcutaneous method of administration is perhaps better in the majority of cases since it requires less apparatus and technical skill. Whether magnesium sulphate will ever be widely used as a means of inducing anesthesia is a question which demands much more time and experience for its reply.—*N. Y. Medical Record.*

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**THE DUCTLESS GLANDS:**—Though the profound influence exerted by the removal of the sexual organs of the young was thoroughly recognized by both physician and laity since the very earliest days, and must have been the foundation of much speculation, it was not until Addison in 1855 in a description of the destruction of the suprarenal glands in the disease which bears his name first directed the attention of the profession to the relationship between the diseased gland and the disease. The clinical findings were definitely proven to depend on a definite pathological lesion. Then, little by little, our knowledge concerning the important role played in the human economy by these, for the most part, small organs has been increased by the investigations of a host of observers. Gull, Ord and Charcot first described myxedema clinically, and Theodore Kocher and Reverdin demonstrated that this picture is due to the absence of thy-

roid secretion. Next Moebius expressed the opinion that exophthalmic goitre depends upon an abnormally increased activity of a ductless gland. These observations were the forerunners of the now naturally accepted view that a lack or abnormal activity of the ductless glands exerts a powerful influence on the well-being of the body. It is pretty generally accepted by the profession that the absence of the thyroid secretion is the element underlying the disease called Cretinism and an excess of the secretion of exophthalmic goitre. Likewise the presence or absence of the internal secretion of the pituitary gland produces a definite clinical picture, and so with the removal of the sexual organs, the pancreas, the adrenals, the parathyroids, the thymus, etc. Acromegaly is now known to be due to an increased activity of the function of the hypophysis and infantilism to a decrease in the functional activity of that gland. Though these secretions have not been isolated in pure form, still by disease and by pathological experiment it has been proven peradventure that they exert a powerful influence in regulating the complex processes sustaining life. Biedl expresses this view very happily, viz.: formerly every correlation of organs was regarded as nervous; to-day, however, even nervous actions are regarded as brought about chemically. In other words, that the correlation of the bodily processes is a chemical, not a nervous, phenomenon. It is needless to speak of the influence of the ductless glands on growth—you all are fully aware of the overdevelopment of the castrated cat, the slender lines of the eunuch, etc., but, perhaps, you are not so well acquainted with the influence the ductless glands exert in regulating metabolism. Carbohydrate metabolism is regulated by the pancreatic insular apparatus, the destruction of which the carbohydrate equilibrium of the body is markedly disturbed. These and many other questions of more than passing interest to the profession are thoroughly discussed from a clinical standpoint by Meyers in a translation of Falta's



"The Ductless Glandular Diseases." So many of the obscure clinical manifestations of a disturbance of the physiological status of the body are due to some derangement of one or another, or a group of these organs, that too intimate a knowledge of the clinical signs associated with this or the perversion of the secretions of that gland of internal secretion cannot be had. There is no doubt that it will be welcomed by our readers, as in it are found accurate and detailed descriptions of all of the symptom groups which have their origin in lesions of the internal secretory glands. It should prove doubly welcome, as it contains, not only bedside observations, but also the record of Professor Falta's laboratory investigations.—*Maryland Med. Journal.*

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**THE DOCTOR IN THE SICK ROOM:**—Someone has said that in the home the wife is the secretary of state. It is equally fitting to say that the doctor is the commissioner of health. Especially is this true of the family physician, and particularly so in the smaller towns and rural districts, where life remains nearer to first principles than in the larger cities and the division of labor is simpler. His duties and responsibilities by no means are confined to the mere diagnosis and treatment of disease; they are not even limited to times of sickness.

The modern physician, if he would discharge his whole obligation and measure up to the public standards, must constitute himself the adviser and guardian of the family in all matters that pertain to the preservation of health. When sickness comes, he is fortunate if he has at hand, and under conditions that make her services available, a competent trained nurse, who then becomes his executive health officer, and his aide, to carry out the details of his regimen.

In many instances, however, and for various reasons, such assistance is not available, and he is then obliged, to a large extent, to be not only the attending physician, but the trained nurse as well. He must take charge not alone

of the case, but of the patient's person and the sick room. A great many people are woefully ignorant and helpless in the presence of sickness, and rely wholly upon the doctor, not only for treatment of the patient, but for the latter's care and comfort. And this necessitates the doctor's being resourceful and handy in all of those little offices and functions of the sick room which form so important a part in the successful outcome of every serious illness.

Such things are not taught in the medical schools or the text-books. The writer well remembers his own awkwardness in his early practice, which, as is so often the case, was in the country. A great deal is acquired, to be sure, in the course of individual experience, and the family practitioner usually develops considerable aptitude in this direction. But the highest kind of efficiency is represented by the net sum of general experience, as communicated from one to another.

The doctor who would command confidence and achieve success in his work cannot be too ready in these little matters of the sick room. To the nurse, of course, they are her stock in trade, no less than the knowledge of technical nursing. They are an equally valuable asset to the family physician. Paraphrasing the noble manifesto of Terence, the doctor may well assert: "I am a doctor, therefore nothing that concerns the welfare of a sick person is a matter of indifference to me."

The care and service of the sick room may appear of trivial moment to the mind of the modern physician, especially to the young physician fresh from the technical science of the schools; but the older and more experienced physician knows that nothing which concerns the welfare of his patient is too trivial to be reckoned with in the struggle with disease, and that the conditions of the sick room or of the household often turn the scale to victory or else to defeat.

We cannot all be hospital surgeons, with a corps of

trained attendants at our command. Most of us are obliged to be physician, nurse and attendant, all in one; or, at least, we have to administer the last two functions through untrained hands, which necessitates our constant supervision and practical direction. Therefore, nothing which helps in the intelligent performance of these humble offices should be indifferent to the true physician.—*Medical Brief.*

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**SURGICAL FEATURES OF THE WAR:**—A great deal of excellent surgery—even marvelous surgery—is being done in the European military hospitals. The medical journals in the warring countries are filled with reports of brilliant achievements in desperate cases and often under difficulties that are rarely encountered in times of peace. It seems really amazing to what an extent the human body can survive the wounds and mutilations inflicted by fragments of shells, bombs, grenades, shrapnel and bullets, thanks to the skill, ingenuity and daring of the surgeon. No doubt, when the huge accumulations of surgical literature are carefully analyzed after the war, it will be found that distinct progress has been made in the technical development of traumatic surgery. This relates more particularly to the management of infected wounds, fractures and injuries of the joints, injuries of the brain, nerves, bloodvessels, thoracic and abdominal organs; but probably the most noteworthy achievements have been in plastic surgery and prosthetic work. When this horrible holocaust has run its course European cities will be thronged with hosts of the maimed and crippled, but a far larger number of the severely injured will be restored to lives of usefulness than ever before through the efforts of the surgeon and the inventor of prosthetic appliances. Probably, the most striking feature of the prevailing trench warfare is the vast preponderance of the badly infected wounds and the frequent failure of aseptic methods in their treatment. The result has been a general acknowledgment of the necessity of antiseptis,

supplemented by free drainage, in the management of this class of injuries, although there is a wide difference of opinion as to what particular antiseptic best meets the requirements. Curiously enough, after years of abandonment, hypochlorous acid has again come into favor, but while it is a cheap and efficient antiseptic, it is doubtful whether it will survive the war on account of its irritating property. In some of the hospitals the wound secretions are systematically examined and the predominating bacteria determined, and this has proved of advantage not only in the choice of antiseptics, but also in the administration of vaccines. While it cannot be claimed that any material progress has been made in the treatment of tetanus, the occurrence of the disease, which at first was very frequent, has been greatly reduced by the routine prophylactic use of the antitoxin. Gas phlegmon and gas gangrene, of which comparatively little was heard in former wars, have, however, assumed formidable proportions and still baffle the attempt to discover efficient measures for their cure in severe cases. On the other hand, a wonderful showing has been made in the prevention of infectious diseases which in the past exacted a heavier tribute than steel and bullet, and modern sanitary science has again demonstrated its vital importance in the maintenance of the health and efficiency of armies even under the most adverse circumstances.—*International Journal of Surgery*.

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**RABBITS AND PELLAGRA:**—Br'er Rabbit enjoys considerable popularity throughout the South on account of his exploits, as narrated by Uncle Remus, but he will become still more popular if he is the means of ridding that section of the country of the plague of pellagra. The chief obstacle encountered in the fight against this disease is, as is now generally conceded, the monotonous dietaries prevalent in districts where the disease abounds and the economic reasons why these cannot be improved forthwith. The ob-

vious thing to do is, of course, to improve the diet by the addition of meat, milk, eggs, peas and beans, but this is easier said than done. The expense incident to raising stock for food, slaughtering and storing it is considerable, and the class which is prone to pellagra is the very class which has not the capital to attempt anything of the sort. Dr. C. W. Stiles, writing in *Public Health Reports*, March 31, 1916, suggests that rabbits be raised for food. That animal's multiplying proclivities are proverbial, and the period of gestation being short and the births multiple, a few lively individuals of assorted sexes would soon colonize a community. Dr. Stiles argues that rabbits are easily taken care of and readily procurable, and their meat is quite acceptable. Even if the temptation to market them was too strong, the resultant improvement in the family finances would be such that the dietary would naturally improve and thus the same result would be obtained. Dr. Stiles' suggestion is so simple that it may be overlooked, but there seems theoretically, at least, no reason why it should not be adopted.—*Med. Record*.

Alas, poor "cotton tail—he has no "closed season," and now he is to be offered upon the sacrificial altar to appease the "grim monster" when he comes in the guise of pellagra.—*Ed Sou. Practitioner*.

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FACTORS IN THE INCREASE OF TUBERCULOSIS:—Students of the tuberculosis problem, who are concerned in various factors pertaining to the spread of the disease, will be interested in the report of the United States Public Health Service, which has recently made a survey of this disease in Cincinnati. It was observed that the tuberculosis death rate in this city was fifty per cent above the average and double that of Pittsburg. It was found that poverty was a vital factor in the spread of the disease, and that the tenement house section produced a tuberculosis mortality three times as great as the areas with better housing conditions.

Where the family income was of the smallest, tuberculosis was most rampant. Alcoholism was likewise a prominent factor in causation. Consequent dissipation, with overcrowding and lack of personal responsibility aided in the propagation of the disease. Another interesting feature of the report related to the results of immigration and the growth of population in a number of American cities. It was observed that cities with a high percentage of Irish, Scandinavian and German stock have a high tuberculosis mortality, while those with a large Italian and Jewish element have a correspondingly low death rate. Also cities whose population is composed largely of racial stock with limited resistance and those with a low rate of population increase have a high tuberculosis rate, while other cities with high rates of population increase show a low tuberculosis mortality. One explanation given for this fact is, that where the population increases rapidly new buildings with better housing conditions replace old insanitary structures. Facts of this sort offer food for reflection to the student of tuberculosis who is concerned with the disease in growing cities and seeks to limit its extension.—*Northwest Medicine*.

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GAS GANGRENE:—E. Kilbourne Tullidge, in the *N. Y. Med. Jour.* May 20th, 1916, discusses the importance and treatment of gas gangrene in the present war, during which he has had the opportunity of observing and treating 230 cases. He states that the onset in every case was sudden and stormy, the limb became swollen, discolored, and painful, the symptoms in every way resembling those of an acute rapidly progressing venous thrombosis, except for the accumulating gas and the creptus elicited, and the contused lacerated opening or break in the skin through which the infection has entered. The zone of inflammation is more painful on pressure than the peripheral areas. The infection spreads rapidly and the decision as to the advis-

ability of an operation must be made when the patient is first seen. In five of the foregoing cases prompt amputation of the limb resulted in complete recovery. Amputation of the limb far above the seat of invasion or crepitus must be our teaching and practice. Care should be exercised to examine all the tendinous sheaths bordering on or near the infection, and when as much as possible of the gangrenous tissue has been removed, sprays or jets of hydrogen peroxide should be thoroughly played upon all the remaining structures, taking pains that every corner and crevice receives its share. Following this a wet dressing of sublimate solution 1 in 1,000 should be applied, and the treatment repeated each day for four days, after which the time is lengthened to every other day. As a result of this treatment 177 cases recovered and amputation for gas gangrene became a practice of the past. The remaining patients in this series were either too feeble to withstand the operation or were received in a dying condition.—*Medical Record*.

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THINGS THAT DOCTORS DO NOW:—"The things the doctors do to people now!" exclaimed the woman from up street, who had lately come from the hospital where she had her tonsils removed.

"You see they didn't know what was the matter with me, so they X-rayed me until they made maps of all my inside. At least, I don't think they could have missed anything, judging by the perfectly enormous bills. They said they'd tell me to a dot just what was the matter with me, but they haven't told me yet. Then they sent me to a throat specialist, and he said my tonsils would have to come out, and so they're out.

"I had rather expected to be told that I had appendicitis, but it seems that appendicitis isn't fashionable this year; it's your tonsils this season. Your teeth, too. No common dentist will do. You've got to go to a specialist and have your teeth X-rayed and pay another big bill."

"But why didn't you go to your family doctor and save the big fees?" asked the woman opposite.

"'Family doctor!' There's no such thing any more. They're all specialists and you pass around from one to another and feel like an orphan, for not one of them takes any real human interest in you. You're just a 'case.' I'm going to let them all alone for a while and forget that I ever saw one. At all events, I shall not go near another until my husband has recovered from the shock he suffered when he saw the bills."

"Still, I suppose doctors have their uses," remarked the woman opposite meditatively.

"Oh, I suppose so," agreed the visitor. "At any rate, it is hard to get over the notion we were brought up to that they must be called in if we have a twinge of pain anywhere. But my faith in them isn't what it was."—*Indianapolis Star; Indianapolis Med. Jour.*

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THE RELATION OF MENTAL DEFECTIVES TO CRIME:—The report of the New York Probation and Protection Association covering the period from October 1st, 1914, to September 30th, 1915, amply bears out a similar report covering investigation of the Massachusetts Penal institutions conducted along similar lines a year or so ago when a survey of women arrested for prostitution revealed the fact that a large number of them were mentally deficient. The present report shows that of 164 cases, 56, or 34 per cent, were found to be feeble minded; 42 girls were committed to institutions because of their mental condition. These independent reports from two of the largest American cities are peculiarly illuminating because of the light they throw upon the problem of public prostitution, a problem which has heretofore been attacked along lines of restraint only. Segregation and regulation have heretofore been the only means considered in dealing with an evil which lies close to the root of the moral and physical health of the coun-



try. This revelation of the mental state of so many of the unfortunates who have come under recent scientific observation opens a new field in the attack upon this moral canker. If it can be definitely shown, as now seems likely, that the ranks of prostitutes are largely recruited from among the mentally incompetent, commitment to suitable institutions will prove a powerful weapon for the cure as well as the prevention of the evil. So soon as it is generally understood that mental defectives constitute a considerable proportion of the victims of this hideous trade, progressive municipalities throughout the country may be counted upon to co-operate in a crusade to place them where they belong—in institutions for the treatment of mental diseases—and a long step will be taken in clearing up the organized traffic in women.—*H. G. W., in Long Island Medical Journal.*

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**TREATMENT OF BURNS WITH BICARBONATE OF SODA:—**  
C. von Wedel (*Jour. Oklahoma State Med. Assn.*) states that the death rate from burns has three distinct causes: 1, shock; 2, acute toxemia; 3, general sepsis. While the cause of the toxic period of burns is uncertain, we know that there is an irritant acid diarrhea, an acid vomit and an intense congestion, if not total suppression, of the kidney. Knowing that the urine contains more or less diacetic acid and that acidosis is present, the author has endeavored to overcome the acidosis. We know, also, that the surfaces of burned areas are acid in reaction. In the alleviation of this condition he uses large amounts of alkaline media, the simplest being the bicarbonate of soda. If the area is kept reasonably sterile, there is but a simple raw surface to deal with. Considering then that the causative factor of the congestion, pain, acid diarrhea and vomit and urinary suppression is an acid enzyme or toxin, the method the author employs in the treatment of burns is as follows: The burned area is covered with a large paste of sterile

bicarbonate of soda, kept moist, and renewed twice daily. A drip enema of sodium bicarbonate is given. If there be shock or a tendency to suppression, a hypodermoclysis or an infusion of isotonic solution of sodium bicarbonate is given. Immersion in a bath of bicarbonate of soda if the burn is extensive, especially in infants.—*Urologic and Cutaneous Review*.

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TETANUS:—T. H. Kelley, Chicago (*Journal A. M. A.*), reports a case of tetanus full developed treated by intraspinal and intramuscular injections of tetanus antitoxin, with recovery. The incubation was nine days, and it had been allowed to reach an extreme state with convulsive seizures occurring every fifteen minutes. Forty-five hundred units of tetanus antitoxin were slowly injected intraspinally according to the usual treatment. "Forty-five hundred units were given intravenously, which is somewhat below the amount usually deemed necessary. No antitoxin was given by the subcutaneous or intramuscular routes, except the 3,000 units given before the patient was brought to the hospital. The local treatment consisted in exposing the wound to a continuous stream of oxygen for thirty-six hours. Boric acid and alcohol dressings were used to counteract the local infection. Free use was made of cathartics. During the first two days in the hospital sedatives in form of morphine and chloroform were at intervals used." The case is reported as an instance of the value of intraspinal injections as outlined by Park and later by Irons.—*Pacific Med. Jour.*

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PREVENTION OF VULVOVAGINITIS IN CHILDREN:—F. J. Taussig thinks, from study of sixty-six cases of vulvovaginitis in girls of from three weeks to twelve years, that the most frequent source of infection is from child to child, and that the most common manner of its transmission is through the school lavatory. As special precautions for its

prevention he advises (1) the instillation of a drop of 2 per cent silver nitrate solution in the vestibulum vaginæ of all newborn girls whose mothers show evidence of gonorrhœa, though probably not over 5 per cent of the cases of vaginitis are infected at birth; (2) making vaginitis in children a disease reportable to the Board of Health; (3) instruction of parents of infected children through the visiting nurse regarding preventive measures to limit the infection, including the use of separate towels and wash-cloths, sleeping in separate bed, care as to cleansing contaminated clothing, and special precautions in the use of the lavatory; (4) investigation by the visiting nurse as to the probable origin of the infection in each case with a view to excluding this factor from contaminating other children in the same house; (5) the adaptation of a U-shaped seat with low bowl and other precautionary measures to prevent the spread of infection through the public lavatories in schools, playgrounds, comfort-stations and tenements. Children cannot be relied upon to use paper coverings for lavatory seats, so the U-shaped seat should be used in addition. The height of the bowl should not be over eight inches where the lavatory is to be used by children of school age.—(*Am. Jour. Med. Sci.*, Vol. CXLVPPP., p. 480.)

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**SURGICAL TREATMENT OF KIDNEY INFLAMMATION:**—Four cases of kidney inflammation came under Wilk's service at a military hospital (*Munch. Med. Woch.*, Jan. 18, 1916), and the symptoms complained of were general marked edema, diminished urine output, casts and albumin and some red cells in the urine. The general condition of the soldiers was so bad and medical treatment so unavailing that Wilk subjected them to surgical operation. He decapsulated one kidney only and chose that side upon which they seemed to lie. In all four cases there was marked evidence of perirenal inflammation and the kidney was found enlarged to twice its normal size, and in one case, with large albumin output,

to three times its natural size. The capsule in all the cases was found intensely congested and cyanotic. Combined local and general anesthesia was used. Convalescence was rapid in each case, and three weeks after operation only faint traces of albumin were present in the urine and there were no casts.—*Urologic and Cutaneous Review*.

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**BATTLEFIELD CASUALTIES:**—In the figures for the total British losses since the beginning of the war, recently given out by the War Office, the proportion of killed to wounded works out almost exactly in the ratio of one dead for each three wounded. This was for all the forces in all zones and classes of military activity. No differentiation for the casualties in trench warfare has as yet been given out officially, but certain reports indicate that in such warfare about one person is killed to each two wounded. These figures are interesting in comparison with the proportion of 1:4 which had been accepted before the war, and indicates that the kind of warfare which is being conducted bears directly on the amount and character of transportation and hospital facilities required in the zone of such warfare. Our accepted basis for estimates on the clearance of the battlefield will, like so many other standards, doubtless have to undergo material modifications.—*Military Surgeon*.

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**THE STEISS PROCEDURE IN PLACENTA PRAEVIA:**—That the Steiss procedure in the management of placenta praevia is highly satisfactory, is the judgment of P. Baumm, of Breslau (*Zentralbl. f. Gyn.*, 1915, No. 50); his experience being that under it double the number of living children were born than when resort was had to the metreurynter. This is his method:

Just as soon as action is demanded and when the os has dilated sufficiently (so that, say, two fingers may be passed), external version is performed, the sac is ruptured, and then

one foot of the child is drawn down into the vagina; after which, further developments are to be left as much as possible to nature, only checking any occasional oozing of blood by pulling at the foot and thus tightening the plug. Only when the os is too small or when external version cannot be accomplished (which is rare), should the metreurynter, or, inflated bag, be introduced.—*Clinical Medicine*.

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**IODIN FOR TYPHOID CARRIERS:**—Kalberlah (*Medizinische Klinik*) says that iodine in combination with charcoal will free stools from typhoid bacilli very promptly. He gives from 8 to 15 minims of tincture of iodine in a glass of water from three to five times a day, wood charcoal in teaspoonful doses being given at the same intervals. In five cases in which this method was tried the bacilli promptly disappeared from the stools and did not return during a period of four months, examinations of the stools being made at five-day intervals. Discharge of bacilli in the urine may continue for a considerable period, but this can be speedily arrested by the administration of hexamethylenamin.—*Medical Record*.

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**POWDERED POTASSIUM PERMANGANATE IN WOUNDS:**—Belin has treated all wounds with the application of powdered potassium permanganate. Wounds quickly cicatrized under this treatment. In the very worst wounds of warfare this occurred within fifteen days. He finds that the permanganate soon ceases to be a very powerful antiseptic, and becomes a cicatrizing agent. This treatment is easy to apply; the powdered permanganate is non-toxic, antiseptic; its action is durable; it adheres to the wound, favors its cicatrization, destroys bacteria, and protects the patient from infection by anaërobic microbes, such as those of tetanus, gaseous gangrene, and hemorrhage septicemia.—(*Soc. de Pathol. Comparée de Paris*, October 12, 1915.)

THE CONTROL OF VENEREAL DISEASES is an ever present and pressing question. According to the *World Almanac*, the following legislation was passed in the year 1915 directed toward the control of venereal diseases. These diseases must now be reported in Connecticut and Vermont, and the Vermont act punishes severely any person suffering from such diseases who marries. The Ohio act makes wilful betrayal by a physician of a professional secret such unprofessional conduct as to justify a revocation of license, but provides that any physician who informs a party to a contemplated marriage of the fact that the other party is suffering from such disease is not to be deemed guilty of betrayal of a professional secret and shall not be liable to damages.—*Jour. of Indiana State Medical Association*.

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APPLICATION FOR WOUNDS:—One of the most effectual remedies for wounds is found in a powder made by Dr. Felix Mendel, of Essen, Germany. It consists of a mixture of ten parts bicarbonate of soda, nine parts acetic acid (vinegar), and nineteen parts sugar. Superficial wounds are covered with a thick layer of the powder, but deeper wounds are completely filled with it. As soon as the mixture is placed on a raw sore carbon dioxide is liberated and this causes a constant flow of fluid from the wound. Inflammation is quickly checked by using this powder.—*Indianapolis Medical Journal*.

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A NON-IRRITATING DEPILATORY:—Depilatories containing the sulphides of barium, strontium and calcium and an inactive substance like chalk, talc or starch, are extremely irritating to the skin. This can be avoided by preparing them hot, says J. Lutje, in the *Journal de Pharmacie et de Chimie*. To prepare such mixtures, 1.5 grams of strontium, or an equivalent quantity of barium or calcium sulphide is triturated with 2 grams of starch and 8 grams

of water, and the mixture heated to boiling, with continuous stirring. Upon cooling, a creamy mixture is obtained, which is as efficacious as the mixture prepared in the cold and does not hurt the skin.

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ONE THOUSAND DOSES OF PHENOLPHTHALLEIN:—In the *Lancet* of November 20, 1915, McWalter says that intestinal stasis is now made accountable for many ills, and the vogue of the motor-car and the electric tram makes walking a thing of the past. There are those who believe that appendicitis results from constipation, and certainly the laity look on daily evacuation as the first object of him who would attain health.

Distinguished surgeons are prone to write up their first hundred cases of operation for proctitis, or what not, and it may be permitted the mere practitioner to record the results of some hundreds of doses of a given drug. McWalter has prescribed rather more than 1000 doses of phenolphthalein, and finds it probably the most useful laxative in the Pharmacopœia. It is a crystalline, odorless, coal-tar product of the formula  $C_{20}H_{14}O_4$ , slightly soluble in water, freely soluble in alcohol, and giving a beautiful pink color with alkalies. The dose for children is  $\frac{1}{2}$  to  $\frac{3}{4}$  of a grain, and for adults 2 to 6 grains. He has given it usually in doses of about  $1\frac{1}{2}$  grains, repeated from two or three times a day; it produces loose motions in from four to six hours after a dose of 3 to 4 grains, but where smaller doses are given it brings on a natural or somewhat soft and copious evacuation only once or twice daily. It is singularly painless as a rule. This is its chief advantage. Further, it does not seem to lose its effect, at least, until it has been persisted in for a considerable time. Some observers state that it occasionally becomes absorbed, acting on the kidneys and causing backache, but McWalter has not observed this in small doses. Its action is very much like that of cascara sagrada, but probably more active and less grip-

ing. He has given it in many cases of pregnancy, and it seems almost an ideal laxative for that condition. It should not be given in tablet form unless mixed with chocolate, but it may be given in powder or in cachets.

It seems to McWalter that phenolphthalein is particularly useful in cases of intestinal toxemia. It appears to offer almost ideal advantages as a medicament in these cases, because obviously what is required is a mild antiseptic, capable of being taken for a considerable period without toxic or cumulative effects, and yet free from those irritating effects on the mucous membrane of the intestine which render most purgatives harmful in such cases. In chronic mucomembranous colitis the use of intestinal antiseptics is generally disappointing, but he thinks that phenolphthalein will be found, in doses of half a grain thrice daily, eminently satisfactory in preventing enterospasm, easing pain, checking the excessive secretion of mucus, improving the neurasthenia, and generally improving the patient's condition. Like all drugs of its kind, phenolphthalein has become much dearer since the war, but the dose being so small the actual cost is negligible.

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**PNEUMONIA IN CHILDREN:**— I have seen many cases of pneumonia in children when the symptoms were misleading—generally pointed to a gastro-intestinal disturbance and the chief and persistent symptom has been a rather high fever of 103 deg. or 104 deg.—there is a persistence of the fever and marked increase in the number of respirations. These cases have always been difficult to diagnose for three or four days—they are cases of central pneumonia and it takes a few days for the inflammatory process to spread outwards and give the physical signs of the disease. My experience would lead me to advise you to suspect a pneumonia when called to a child with a persistent high temperature—where the disease had come on suddenly and there is no definite cause.—*Dr. Jas. F. Bell, in Medical Sentinel.*



## COOLING LOTIONS FOR ITCHING DISEASES OF THE SKIN:—

The *Lancet* publishes a number of contributed formulas for cooling lotions, from which we select the following:

## I.

Solution of lead subacetate.....	2	drachms
Lavender water .....	1	ounce
Distilled water, to make.....	8	ounces

## II.

Hydrocyanic acid, dilute .....	1½	drachms
Spirit of rosemary.....	1	ounce
Glycerine .....	½	ounce
Water, to make .....	10	ounces

## III.

Phenol .....	1	drachm
Glycerine .....	½	ounce
Cologne water .....	½	ounce
Water, to make .....	10	ounces

—*Med. Brief.*

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Patient—Doctor, what I need is something to stir me up—something to put me in fighting trim. Did you put anything like that in this prescription?

Doctor—No. You will find that in the bill.—*Judge.*

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TREATMENT OF PSORIASIS WITH HORSE SERUM:—Perry has reported success with the subcutaneous injection of horse serum for this disease, stating that, among others, a case of six years' standing has been apparently cured by six subcutaneous injections at weekly intervals, the eruption having entirely disappeared. He suggests that this remedy should be extensively tried out, care being taken with regard to anaphylaxis.—*Boston Medical and Surgical Journal.*

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## *Original Communications.*

### PROSTATECTOMY

BY C. F. ANDERSON, M. D.,

Lecturer on Venereal Disease and Chief of G. M. Dispensary, Vanderbilt University, Medical Department.

The frequency with which chronic prostatic disease, producing prostatism occurs, is difficult to estimate. According to Richardson, prostatic enlargement has been found in 34 per cent of men over the age of 60; and of that number, 15 per cent have symptoms. Plondyke estimates that 33 per cent of all men over 50 suffer from enlarged prostate, and that 10 per cent of these require treatment. He also says that catheter life results in 100 per cent of deaths in an average period of four years.

Squier's statistics show that 50 per cent of unoperated patients will die within five years from the onset of obstructive symptoms where catheter life is *not* necessary. The beginning of catheter life shortens this expectancy almost 50 per cent, and increases the mortality to 66 2-3 per cent within the shortened period.

The average length of life of the cases of carcinoma has been thirteen months from the onset of symptoms. Statistics as to the frequency of malignancy of the prostate that

is causing symptoms vary widely, from 21 per cent to 5 per cent. This is one of the most appalling facts in this disease. Just think that one in every five to ten met with will be found malignant, and the average length of life is thirteen months. I feel sure that we meet many other conditions that do not furnish such fruitful soil for malignancy that are classed as dangerous precancerous lesions, and are dealt with accordingly.

Benign hypertrophies of the prostate are indistinguishable from carcinoma in its early stages. Another condition that is no doubt frequently overlooked, is the role of the prostate in many cases diagnosed nephritis. When the prostate begins to enlarge and produces slight obstruction, we may have an increase in the amount of urine, with albumen and sometimes casts, due to the back pressure on the kidney. This, of course, gradually grows worse as the obstruction increases. At this time in life, when the general cardiovascular system, including the kidney, is beginning to take on the change incident to old age, this back pressure caused by the enlarged prostate may hasten the complete giving way of the kidney. The patient may go on to his grave without the etiology of his kidney disease ever being recognized.

We have seen from the foregoing statistics, which are only too well known to most of you, the frequency of this dread malady; also, the certainty with which it terminates in death in an average length of time of three or four years, unless some operative interference is instituted—to say nothing of the role it plays in the etiology of cancer and kidney disease, both of which are deadly, and at the same time amenable to treatment if recognized early.

*Prostatectomy:*—In the discussion of the operation, considerations for the relief of the hypertrophied prostate, I have no desire to bring up the old argument as to whether the perineal or suprapubic route is the better. Sufficing it to say, that I believe the two-stage operation by the supra-

pubic or transvisceral route is the one choice in most cases. The perineal route should be selected when the prostate is without doubt malignant, tubercular, or the seat of incurable gonorrhea (rare), and in cases of benign fibrous or scirrhus enlargement.

The mortality of postatectomy in the past has been frightfully high. In the light of the present knowledge and more recent statistics, the mortality is much lower theoretically and actually. Young's latest statistics show a mortality of 3.77 per cent; Freyer's last 100 cases had only 3 per cent; Squire's about 7 per cent; Pilcher has done more than forty cases without a single death. Reports from Mayo, Murphy and many others make the mortality uniformly low as compared with former reports, which range from 10 per cent to 50 per cent. I believe it is safe to say that the mortality of the average competent man is around 10 per cent to-day. The report of Pilcher in the year book of the Pilcher Hospital, December 31, 1914, I believe to be the most scientific treatise on the subject that has ever been presented. Theoretically it sounds like the last word, and in his own hands practically it is so uniformly successful that forty consecutive cases have been operated on with complete cure in every case. A careful study of his cases will show that they were not selected, but he takes good risks and bad ones (so-called) alike. In the following discussion I shall quote freely from his article.

The chief indication in obstruction caused by enlarged prostate, is to relieve the retention of urine and not to remove the prostate. There is never an indication for the immediate removal of a prostate; this is the keynote to success in these cases, and the sooner we all learn it and stop immediately taking out the prostate, the sooner we will begin getting better results. Relieve the urinary obstruction and get the patient in condition to stand prostatectomy, then do it. There are two methods of accomplishing the relief of retention of urine; one of these methods should

comprise the first step in every operation for the relief of prostatism. First, the use of an indwelling catheter which drains the bladder for a definite length of time until the kidney has reacted from the changed conditions. Second, suprapubic cystotomy and the introduction of a drain for the same purpose as an indwelling catheter. In the use of the indwelling catheter, it is found that marked differences exist in individuals as to their ability to tolerate the presence in the urethra of the instrument. In the best of cases, however, there is a certain amount of irritation of the urethral mucosa, which attends its presence in the urethra; a moderate urethritis is produced. The irritation of the deep urethra is of special consequence in this connection, as it seems to be well established that there is a special nervous relation between this portion of the urethra and the secretory apparatus of the kidney. Anuria has been known to be directly dependent upon the irritation by the catheter in the deep urethra. This must be of special importance in those cases in which reflex renal disturbances dependent upon urethral and bladder conditions have been demonstrated. Such is prostatism.

Suprapubic cystotomy is a surgical procedure that has its own perils, and requires the most careful attention to details of technique to reduce its danger to a minimum. It is free from any reflex effect upon the kidney. It facilitates the removal of stones that are encountered in 14 per cent of cases. It admits of examination of the bladder and prostate, and can be done under local anesthesia. There are some cases in which catheter drainage of the bladder must be used preliminary to the suprapubic cystotomy, such as cases where there is enormous distention of the bladder with edema of the legs, scrotum and penis, due to pressure. It is always indicated where the amount of residual urine is thirty ounces or more.

*The Kidney as Affected by Prostatic Hypertrophy:*—First, clinical evidence. In cases of prostatic disease where there

is considerable retention of urine, the most marked symptoms will be loss of appetite, loss of sleep, change of temperament, mental degeneration, lack of personal pride, loss of weight, and general debility. Aside from these various phases of uremic poisoning, many cases have increased amount of urine with a low specific gravity. The amount will frequently reach 150 ounces in twenty-four hours. This, of course, is an index to functional kidney derangement. The rapid disappearance of all these clinical evidences of disturbed renal function which follows drainage of the bladder, shows the direct relation of cause and effect.

We have both acute and chronic, partial and complete forms of obstruction. In those cases of acute, complete obstruction the kidney will act until the bladder is filled, and then stop entirely. The bladder will never rupture from over-distention due to accumulation of urine. So, you may have any degree from marked increase in amount to complete anuria.

In those cases dying from prostatic obstruction, autopsy shows a variety of conditions existing in the kidney lesion, most common to all being a hydro-ureter beginning immediately above the bladder, resulting in various degrees of hydro-nephrosis and destruction of the parenchyma. This in turn is influenced by the degree and duration of the obstruction, and in more advanced cases it is accompanied by infection, renal calculi, and in some cases by actual destruction of the renal parenchyma (as observed by Wade.)

*Operative Proof:*—From Pilcher's careful study of a series of cases in which a preliminary cystotomy was done, certain phenomena were repeatedly observed which led him to divide the sequellæ of advanced prostatism into three phases. It further emphasized the peculiar balance existing between the heart, kidney, secretion of urine, and the nervous control of these in the patient who had gradually become accustomed to over-distention of the bladder. His work shows clearly not to rely upon any one clinical sign,



or symptom, in judging the fitness of a patient for operation. He shows that the balance between the various elements of the system are so adjusted that a disturbance of one element will bring to light weakness in some of the other elements which has not been suspected. *A very important point:* For example, the phthalein test, which may be very deceptive; a patient may show 60 per cent or 70 per cent of phthalein in two hours, before anything is done to relieve the retention of urine. But, when this retention is disturbed, all the other elements of the system are thrown into confusion. The back-pressure is relieved, decomposition of the kidney follows; swelling and congestion take place, and the functional capacity immediately drops to a very low point. The signs and symptoms of this derangement are very evident. *This is the second phase.*

There is no doubt that many of the cases dying following a one-stage operation, are due to the failure of recognizing this second phase of renal disturbance. Many cases are reported in which death occurs from the second to the fifth or sixth day. When we add to the phenomena of the second phase the shock of a major operation, with its loss of blood, and depressing effect of the general anesthetic, it can be easily appreciated why these cases are lost. I believe that most workers appreciate this second phase, while it has never been so definitely defined and outlined by others; yet, the two-stage operation whether done by the perineal or suprapubic route, has the same fundamental idea in view; that is, getting the patient ready for the operation, as it is termed by many.

*Passing on to the third phase*, which begins in seven to ten days after the drainage of the bladder in the average case. This is determined by the return of the chart to within the bounds of safety; that is, the blood pressure will decrease, the twenty-four hour urine increases to about normal, and the phthalein shows a reaction within the bounds of safety, with a decrease in the percentage of albumen. *Now,*

if a prostatectomy is performed, the effect upon these phenomena, as found by Pilcher, is very different to that found after cystotomy. The blood pressure falls still lower, the output decreases very little, and the functional capacity does not fall but a few points; in other words, it shows very little reaction.

It is not only the kidney and its function which must be considered and watched, for it may be that the heart, for instance, is the weak link in the chain. In order to do a safe operation you must get the heart in the best possible condition, for, if with a failing and dilating heart the renal function fails, there can be but little hope for the patient.

*How Shall We Decide to do the Prostatectomy:*—First. Our judgment is based on the general condition of the patient; his temperature, pulse and respiration should be normal; appetite good, and sleep normal.

Second: All gross uremic and nephritic symptoms should have disappeared. A moderate amount of albumen is no contra-indication.

Third. The functional test is only of value as taken in connection with other signs. The results of the phthalein test and twenty-four hour output should be compared before and after the preliminary cystotomy, and wait until the renal function approaches the normal after the depression following the cystotomy.

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## INSANITY A MEDICAL DISEASE AND THE STATE CARE OF THE INSANE.

SIDNEY D. WILGUS, M. D.,  
Rockford, Ill.

*Insanity a Medical Disease.*:—A celebrated Englishman once remarked that the care accorded public charges measured the state of civilization of a community. This remark, no doubt, has considerable truth in fact and yet it fails to fit conditions as found in some localities where political units are still in the process of crystallization without hav-

ing become crystallized. In such communities we must wait until the community has assumed a perfectly stable basis and then view its agencies for caring for its dependents. However, as we study the history of the insane we find the treatment accorded the insane to vary greatly from age to age according to the development of civilization. In the higher civilization of the Greeks the insane were treated as sick people, and during the eclipse of the Dark Ages they were treated as demons. In fact, for hundreds of years prior to the beginning of the nineteenth century no government or individual thought of giving them other than custodial care. To the public and according to public opinion all insane people were afflicted alike with a dangerous ailment in which they were actual menaces to the welfare of everybody about them.

*The Idea of the Individuality of Cases:*—Beginning somewhat more than a hundred years ago there has developed a feeling throughout civilized countries that the insane are *sick individuals*; people in need of medical treatment; people comprising *not a homogenous group*, but a set of *individuals* each with a malady varying from the disease as expressed in others according to the natural constitutional mentality of each. It finally was recognized that treatment did not cease with the cure of such insane individuals as could be cured and the development of chronicity in the rest, but that the cured individual needed *further attention* after his discharge from the institution and the *chronic individual* needed *more* than simply enough food and raiment to keep body and soul together.

As the natural development of this evolution we have gradual transition stages of treatment from the lowest to the highest. They include such barbarous incarceration as in jails and dungeons; township care; county house care; county asylum care; state care; and national care.

*Jails and Dungeons:*—This sort of treatment was popular during the Dark Ages. It is not medical treatment. It is

the treatment accorded people as if criminal rather than sick. There are altogether too many legal formalities in our very best sort of treatment, but this care is the lowest grade of care. Any community maintaining its insane in the jails has nothing to be proud of.

*Township:*—In the development of our smallest political units in the days of the early settlements the insane at first were taken in charge by their families, and later, in many instances, were placed with the township authorities where they were given some sort of care and treatment under township management. The township stage of treatment has disappeared in practically all communities.

*County House "Care":*—As the country grew and conditions became more complex the next larger political unit took charge of the insane, namely, the county. There were few insane in those days, and thus the insane were cast in with all sorts of social refuse in the county houses. There was no realization that these people were really sick and needed care and treatment, or, that becoming chronic, they were still capable of making an endeavor at self-support. It is unfortunate that this sort of treatment still is accorded many insane people in commonwealths where the leaders of thought have not yet had presented to them the necessary information and ideals. This form of custodial care is not to be encouraged, for it tends to be the care accorded the animals rather than man.

*County Asylum Custody:*—This is the next stage in advance. It occurs where the more populous counties realize the necessity for the segregation of the insane from other classes of dependents and furthermore that they are in need of more or less medical care. Many county asylums give the inmates food, shelter and raiment, but fall short in their failure to supply skilled medical treatment. Under the terms skilled medical treatment I wish to include care under a psychiatrist, a training school, trained attendants, hospital care for the sick, employment applied to the indi-

vidual patient, recreation, after care, etc. Any institution lacking these higher ideals is *custodial*, not curative, and hence *not medical*. From this point of view the county asylums are strictly custodial institutions.

*National Care:*—There has been some discussion of the advisability of the national care of all insane. The proposition along this line was to make it a public health matter and *there are many strong arguments to be advanced along this line*. It will at once be recalled that Adolf Meyer states that *two per cent of our population* are in need of mental adjustments. Surely this problem is worthy of the highest medical thought. At present the nation is simply taking care of such insane as develop in the army and navy and in such districts as are directly under the government as the District of Columbia. The Government has a hospital for the insane of the highest order at Washington, D. C.

*State Care:*—From the above it will be seen that the care of the insane has passed through various stages. Each time a step has been taken it has been for the betterment of these unfortunates. As each advance has been completed and finally superceded, the fact has been noted by thinkers interested in the welfare of the insane, that said step has shown its inability to cope with the problem according to the highest standards. This has resulted in these further advances from time to time. Thus the inability of the townships to give proper care to the insane resulted in county house care; the abuses of the county house system led to the development of the county asylum; the failure of the county asylum to develop the highest grade of medical treatment eventually led to the agitation for the state care of the insane. Probably in no instance was a complete change from one form of care to the next highest all in one move. Thus to-day we find (a) some states in which there is complete state care, but it has been obtained only after a quarter or half century of agitation and education. (b) In other states where these were taken up during more

recent times we find transition stages. Thus Tennessee is one of the states showing the care of the insane *in all the stages* mentioned above. With these various stages we find the *accompanying graduations in care* from bad to better (but none "best").

*What State Care Can Do:*—It is the intention of this paper to state briefly herewith the ideal state hospital service, and yet one which is not entirely on paper, but which has been developed in many of the leading nations of Europe and in many states of the Union. These ideals cannot be presented in more compact form than as given by the Medical Director of the National Committee for Mental Hygiene. Dr. Thomas W. Salmon, who says:

"For the treatment of *any special class of the sick* these fundamental provisions are required: sanitary housing, good food, good clothing, kindness and appreciation of the aims of the hospital on the part of all those charged in any way with the care or supervision of patients. These fundamental provisions must be made effective by a sound administrative system, free from political or other selfish control, in which the medical and scientific purposes of the hospital are primary considerations. With these provisions constituting the absolutely essential *ground work* for the treatment of any special class of the sick, the *following may be stated* to be the facilities needed for the best modern treatment of mental diseases.

1. Direction of the administration of the hospital and leadership in its medical work by a physician trained in the diagnosis and treatment of mental disease.

2. An adequate medical staff, organized so that duties are divided in accordance with the training of its different members and with the requirements of the clinical work.

3. Regular and frequent conferences of the medical staff at which the diagnosis, treatment and prognosis of each new case admitted are considered, and at which cases about to be discharged are presented; training in psychiatry for

new members of the staff being considered a special object.

4. The reception of all new cases in a special department, or in special wards where they may receive careful individual study, and where those with recoverable psychoses may receive continuous individual treatment.

5. Classification of all patients with reference to their special needs and their mental condition, each classification being flexible enough to permit frequent changes.

6. A system of clinical records which permits study and review of the history of cases even after they have been discharged.

7. A laboratory in which some of the more useful tests required for the study and diagnosis of mental diseases as well as for those required in general clinical diagnosis, can be made and in which pathological material can be studied.

8. Provision for special treatment, such as hydrotherapy, electrotherapy, etc.

9. Provision for examination and treatment by dentists, ophthalmologists, gynecologists, etc.

10. An adequate number of trained nurses and the maintenance of a school for nurses, under the direction of a supervisor of nurses, who should have not only training in general nursing, but special training in nursing those with mental diseases.

11. The employment of female nurses in the reception and infirmary wards for men.

12. The systematic use of occupation, for their therapeutic effects, under the direction of workers specially trained for this duty.

13. Special attention to recreations and diversions, with reference to their therapeutic value.

14. Liberal use of parole, especially for quiet chronic patients who can live in farm houses.

15. Special provision for the tubercular, the pellagrins, the physically ill and other classes of the sick.

A careful perusal of the above will show what is possible in any well organized state hospital, and what is actually in existence in hundreds of institutions.

*Why is not State Care Found in Tennessee?*—It may well be asked why there is any other form of treatment if the above so well meets the needs of the situation. The answer is not difficult to find: in the first place Tennessee is still in the transition stage in these matters. It is recognized by many that state care is the best care, but yet public opinion is not strong enough to force total state care. In the second place, the legislature has resisted such pressure as has been brought to bear because of the expense attached to total state care.

*The Cost:*—It is true that new buildings and possibly new hospitals will cost considerable money, but why should there be much hesitation when it is fully understood that insanity is as *prevalent* as we find it; ("two per cent of the poulation need mental adjustments"); secondly, that it is to a considerable extent a *curable* disease, and, thirdly, that the chronic cases can be made comparaively happy in their new surroundings, and furthermore they can be made *largely self-supporting*.

*A Medical Problem:*—As medical men we should contrast the care to be expected in a modern state hospital with the strictly custodial care of a county asylum. The one is specialized medical care and the other is not. As medical men we should demand the highest grade of care for the sick. When it comes to county house care and jail care all who are familiar with the situation in these institutions in Tennessee will not hesitate to agree that this sort of "care" is in violation of the rules of civilization.

Medical men should be leaders in medical thought. Medical opinion should be the deciding factors in determining medical progress. Medical men understanding the situation and acting as a unit actuated by ideals can accomplish much. This problem involving, as it does, the mental, finan-



cial and political welfare of the commonwealth should receive the most earnest attention of medical men. Nothing short of the best form of medical treatment should be tolerated in a great state such as Tennessee.

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## SCIENTIFIC RESEARCHES INTO THE CAUSES OF ALCOHOLISM AND INEBRIETY

BY T. D. CROTHERS, M. D.,  
Hartford, Conn.

One great fact has been established by accurate laboratory and clinical research, viz.: that the physiological action of alcohol on the cell and tissue is that of an anaesthetic and depressant, and not a tonic or stimulant. This has been accepted by the profession generally, and while it revolutionizes the previous theories, explains in some degree why alcohol is so fascinating.

Beyond this, there is a vast range of causes producing alcoholism and inebriety that are practically unknown. All remedial and restorative efforts are based on the theory that alcohol is the special and particular cause of all the degenerations which follow from its use.

Careful studies of individual cases show this to be untrue; also that in many instances alcohol is only a symptom. It may be a complicating drug intensifying unknown conditions that were latent before. It may be a specific poison localizing in certain organs. It is also cumulative, and associated with the most complex neuroses.

The causes that impell men to drink have never been studied scientifically. The literature up to the present is a confusing mass of theories and opinions unverified.

In this unknown region there are innumerable questions like the following: Why are certain periods of life more favorable for the outbreak of the craze for alcohol than others? Why does the desire to drink break out suddenly in diverse conditions, and then subside from causes inadequate to explain the change? What is the explanation of

the exact periodicity of these drink excesses that are as certain as the rise and fall of the tide? What are the causes in surroundings and conditions of living that provoke these paroxysms? Why do men drink after injuries, diseases, shocks, losses, disappointments, business reverses and great successes in life? What degenerations are transmitted from the parents to the children that create susceptibility or immunity to the effects of alcohol? Why are some persons able to drink in so-called moderation for years, and why do others quickly become diseased and die? Why do some men drink in early life, then abstain, and in middle or later life turn to alcohol again and drink until death? Why are some persons susceptible to the contagion of surroundings and companions, while others are immune? What physical and psychical causes produce the drink craze?

These are some of the unknown causes and conditions which have never been studied with scientific exactness. One of the most prominent and widely accepted explanations is the so-called moral cause, physical conditions are considered results and not causes.

A Research Foundation has recently been organized at Hartford, Conn., for the purpose of making an exact scientific study of these questions. It will be endowed and become a permanent work. Preliminary studies have already begun, and practicing physicians from all parts of the country are appealed to for the records and histories of cases which will be compiled and tabulated for the purpose of determining the laws which control and govern them.

This is the first scientific effort to take up the subjects of alcoholism and inebriety and determine the causes which produce them outside of alcohol. Science has shown that these conditions are governed by exact physical and psychical laws, which if known and understood would indicate the most practical means and measures of relief.

The Foundation will be practically a laboratory or clearinghouse, where persons can come for examination, counsel

and advice. To a large class of persons who want something more than pledges, appeals or sanatorium treatment, this will open a new field of means and measures for relief that will be most welcome.

Correspondence is earnestly solicited from the profession.

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### *Obituary.*

DR. REESE KELSO WATKINS died at his residence in Spring City, Tenn., June 25th, ult. He was a graduate of the Medical Department of the University of Nashville, 1871; aged 67. He was a member of his local and State Medical Societies, and for more than thirty-five years had resided at Spring City, and was recognized by all who knew him as one of the most progressive and reputable practitioners in his section of the state, enjoying a large practice in Rhea County. He was a regular and prompt paying subscriber to this journal since its initial issue in 1879. To his bereaved family and many mourning friends we respectfully tender our most sincere sympathies in their great loss. He was a *"true physician" in every sense of the word.*

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### Reviews and Book Notices

**VENESECTION: A BRIEF SUMMARY OF THE PRACTICAL VALUE OF VENESECTION IN DISEASE, FOR STUDENTS AND PRACTITIONERS,** by Walton Forrest Dutton, M. D., F. A. M. A., Member of the Medical Society of the State of Pennsylvania; Ex-President of the Carnegie Academy of Medicine, etc. 8 vo. cloth, pp. 220; Illustrated with several text-engravings and three full page plates, one in colors. Price, \$2.50. F. A. Davis Co., Publishers, Philadelphia, Pa., 1916.

Venesection has been sadly neglected for quite a number of years; even so far back as 1876, the late Prof. Samuel D. Gross, in a most excellent paper at the meeting of the A. M. A., in Louisville, that year greatly interested the members in attendance by announcing the title of his paper as *"A Lost Art,"* and we hoped that it would be the

means of again bringing into service so excellent a therapeutic measure in many pathological conditions. Yet this great writer and clinician to a great extent failed in his effort. The "*sangrado practice*" of a century ago still had its terrors, and has even to the present perpetuated the abandonment of general and to a great extent even local venesection; and we do not hesitate to hazard the statement that 75 per cent to 80 per cent of the practitioners of medicine to-day do not have a lancet in their armamentarium. We sincerely hope that Dr. Sutton's most excellent monograph, considering the subject as it does, in a very practical, comprehensive and interesting manner will again bring into use, in such cases as may be deemed suitable, the almost obsolete and unknown therapeutic measure.

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## Editorial.

### OUR SOUTHERN EMPIRE

There is no cause of complaint in this section of the country at this time, and no one in Dixie Land" who has any enterprise, energy and get-up is complaining, and the cry of *hard times* is not heard from the Ohio River to the Gulf of Mexico, from the Atlantic to the Rio Grand. This is the most progressive part of the country, with promise of a future to which no other section can aspire.

As for the negro, he does work. His labor is tractable and easily managed, and therein the South had a great advantage. All that he needs is to be let alone by ill-advised and ignorant fanatics; for he and his best friends, the Southern people, can best work out their own destiny. In spite of drought and boll weevil the South produced over 14,000,000 bales of cotton of 500 pounds each last year, largely by negro labor, and the most of it has been sold for over 12 cents a pound. In addition much rice, tobacco, peanuts and sugar were produced on Southern lands. The South now largely grows its own "hog and hominy" and sends the North large quantities of fruits and early vegetables.

The South, too, has extensive manufacturing industries. There are more cotton mills in the South now than there are in New England. Twenty-five years ago the prophecy that such a thing might come to pass was thought to be a pipe dream. The South leads in timber resources and lumber production and, is also rich in coal, iron, copper, marble and other substantial resources.

Southern cities are growing by leaps and bounds. Nashville has added 25,000 to its population since 1910, and its growth in business and industrial enterprises has been equally as great.

With the opening of the Panama Canal great cities of metropolitan proportions will grow up on the Gulf coast. The trend of trade will be from North to South instead of from South to North, and the front door of the nation will be moved down this way.

The South is happy, peaceful, progressive and at work. There are no destitute poor in the South. There are no "armies of the unemployed" down this way. Anybody who wishes work can find it here. There is plenty for everybody to eat down in Dixie. The sun shines here most of the year. Everybody is reasonably happy, and if our grand Democratic President and his advisers will only locate the \$20,000,000 nitrate plant at the Muscle Shoals of the Tennessee River, it will add not only greatly to the prosperity of the South, but great benefit will accrue to the entire United States. It is not only the most logical, but the most suitable, practical and rational location for an ammunition plant in case of war; but its beneficent result will be immeasurable in reconstructing the fertility of soils that have been impoverished by former measures of careless and destructive cultivation, not only in the South, but North, East and West. This is truly one of the very biggest measures of "preparedness" that can possibly be instituted.

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#### THE NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES

The need of a standard medical examining body for the whole United States and its Territories (tributary thereto) has occasioned the organization of the National Board of Medical Examiners. It is a voluntary board, the members of which are selected from the Medical Corps of the Army, the Navy, and the Public Health Service, the Federation of State Examining Boards, and other representative organizations, and the medical profession of the United States.

The aim of this Board is to establish a standard of examination and certification of graduates in medicine, through which by the co-operation of the individual Boards of Medical Examiners, the recipients of the certificates of the National Board of Medical Examiners may be recognized for licensure to practice medicine.

The policy of the Board is to conduct its examinations on a broad scientific basis of such a high yet practicable standard that the holders of its certificates will receive universal recognition.

The independent action by the board is furthered by the financial and moral support of the Carnegie Foundation.

The original Board consisted of fifteen members, as follows, and

remains unchanged, except for the loss of the founder and Secretary, Dr. Rodman, who died on March 8, 1916. At a meeting June 13, 1916, Dr. W. L. Bierring of Des Moines, Iowa, was elected to the board.

Surgeon-General W. C. Braisted, U. S. N., President.

Dr. W. L. Rodman, Secretary.

Colonel Louis A. LaGarde, U. S. A., retired, Treasurer.

Surgeon-General Rupert Blue, U. S. P. H. S.

Medical Director E. R. Stitt, U. S. N.

Assistant Surgeon-General W. C. Rucker, U. S. P. H. S.

Dr. Herbert Harlan, Federation of State Medical Examining Boards.

Dr. Isadore Dyer, New Orleans, La.

Dr. Victor C. Vaughan, Ann Arbor, Mich.

Dr. Henry Sewell, Denver, Col.

Dr. Louis B. Wilson, Rochester, Minn.

Dr. E. Wyllys Andrews, Chicago, Ill.

Dr. Horace D. Arnold, Boston, Mass.

Dr. Austin Flint, New York, N. Y.

The permanent organization of the Board will consist of three Surgeon-Generals and one other representative for each of the Government Medical Services, three representatives of the Federation of State Medical Examining Boards, and six members chosen at large from the medical profession by the National Board of Medical Examiners.

The official domicile of the Board is Washington, District of Columbia.

*Requirements for Admission to the Examination.* Satisfactory completion of

(a) *High School.* A four-year high school course.

(b) *College.* Two years of acceptable college work, including physics, chemistry, biology, and a modern language.

(c) *Medical School.* Graduation from a Class "A" medical school. (American Medical Association classification.)

(d) *Hospital Training.* One year as interne in an acceptable hospital or laboratory.

The above requirements apply to graduates of medical schools in 1912 and thereafter. The Board may accept equivalent credentials in the case of graduates previous to 1912.

#### EXAMINATIONS

The Board has been given spacious rooms in the Army Medical Museum for conducting its examinations. They will be conducted primarily by members of the Board, and will be written, oral and practical, including the examination of cases. In addition to the written examinations held in the Army Medical Museum, oral, written, and laboratory examinations will be held also in the Army and Navy

Medical Schools, and in the Hygienic Laboratory of the Public Health Services, these facilities, as well as the Government Hospitals wherein will be held clinical examinations, having been placed at the disposal of the Board for the purpose.

Credentials must be presented to the Board sufficiently early for investigation. If adequate time is not allowed for this purpose, credentials may be rejected.

The following subjects will be included:

1. *Anatomy*:—Microscopic, Embryology, Histology and Organology, Neurology, Gross, Osteology, Dissection, Applied, Regional, Topographical, Surgical.
2. *Physiology*:
3. *Chemistry and Physics*:—Organic, Physiological, Physics.
4. *Pathology and Bacteriology*:—Bacteriology, Microscopic Pathology, Gross Pathology, Surgical Pathology.
5. *Materia Medica, Pharmacology and Therapeutics*:—Materia Medica, Pharmacology, Therapeutics and Prescription Writing, Electrotherapeutics, including Radiotherapy.
6. *Medicine*:—Theory and Practice, Physical Diagnosis, Laboratory Diagnosis, Diseases of Nervous System, including Psychiatry. Diseases of Children, Tropical Medicine.
7. *Surgery*:—General, including Minor Surgery, Operative Surgery, Special Surgery, Ear, Nose and Throat, Eye, Genito-urinary, Orthopedics, Radiology, Skin Diseases, Syphilis and Venereal Diseases.
8. *Obstetrics and Gynecology*.
8. *Hygiene and Sanitation*:—Sanitary Science, Epidemiology, Vital Statistics, State Medicine.
10. *Medical Jurisprudence*.

#### SUBJECT VALUES

1. Anatomy . . . . .	100
2. Physiology . . . . .	75
3. Chemistry and Physics . . . . .	75
4. Pathology and Bacteriology . . . . .	100
5. Materia Medica, Pharmacology, and Therapeutics . . . . .	75
6. Medicine . . . . .	200
7. Surgery . . . . .	200
8. Obstetrics and Gynecology . . . . .	100
9. Hygiene and Sanitation . . . . .	50
10. Medical Jurisprudence . . . . .	25

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Total . . . . . 1000

Passing grade is an average of seventy-five per cent.

A candidate receiving a mark below fifty per cent in one subject or below sixty-five per cent in two subjects, fails.

Candidates failing at the first examination may register for a second examination at the end of one year. A third examination will not be allowed.

It is expected that the examination will cover about one week.

No fee is charged for the examination itself, but a registration fee of Five Dollars will be required.

The first examination will be held in Washington, beginning October 16, 1916.

#### CERTIFICATION

Candidates who have been successful in passing the examination and are approved by the Board, will be granted certificates.

*This certificate is not a license to practice medicine*, nor does it exempt the holders thereof from complying with the legal requirements of the States in which they desire to practice; but it will be evidence of high attainment in medical knowledge; and which we earnestly hope and the Board believes, will soon be accepted by State Boards as evidence of qualification for licensure.

*Resolutions* endorsing the National Board of Medical Examiners have been passed by the following:

The American Medical Association.

The Council on Medical Education of the American Medical Association.

The American Association of Military Surgeons.

The American Roentgenological Association.

Southwestern Medical Association.

Mississippi Valley Medical Association.

Southern Medical Association.

Clinical Congress of Surgeons of North America.

Western Surgical Association.

St. Louis Medical Association.

Milwaukee Surgical Association.

Seaboard Medical Association.

Harrisburg Academy of Medicine, etc.

Southern Surgical and Gynecological Association.

Southern Medical Association.

Further information and application blanks may be obtained from the Secretary, Dr. J. S. Rodman, 2106 Walnut St., Philadelphia, Pa.

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A CORRESPONDENT WRITES:—"I prescribed Tongaline for two cases of tonsillitis, after all other treatment had failed, with such success that both made a rapid recovery."



## CREMATION

The fourth annual convention of the Cremation Association of America will be held in the auditorium of the Hotel Gibson, Cincinnati, Thursday and Friday, August 24 and 25. All of our readers who believe in or are interested in cremation are cordially invited to attend. They are also eligible to associate membership upon payment of one dollar to the treasurer, Mr. E. P. Samson, 423 Sixth Avenue, Pittsburgh, Pa., a formal application not being required. Money obtained is used for purposes of propaganda.

It is not only a source of satisfaction, but pride to know that some of the most eminent members of our profession have been connected with the sanitary reform known as the cremation movement. In Germany it was advocated by Rudolph Virchow, in England by Sir Henry Thompson and Sir T. Spencer Wells, in France by Dr. Prosper Pietra-Santa, in Denmark by Dr. F. Livingston, and in Italy by Drs. Gaetano Pini and M. de Cristoforis. In our own country, Dr. Francis Julius Le Moyne, a graduate of the Medical Department of the University of Pennsylvania, built the first crematorium in America at his own expense, and cremation was ardently promoted by Drs. Samuel D. Gross, Edward J. Bermingham, Felix Formento and Hugo Erichsen, the present president of the Cremation Association of America.

It will be news to many that the United States has forged ahead of Germany in the leadership of the cremation movement. There are fifty-three crematories here, as compared to forty-eight in the Vaterland, and two more are in contemplation, one at Salem, Mass., and another at Kansas City. We have also outdistanced Germany in the total number of incinerations, the figures being 86,006, up to the end of 1913, as compared to 76,350, up to the end of 1915. Statistics, recently published in *The Sunnyside*, show there was an increase in fifteen years, and that, as the man in the street would say, is certainly "going some."

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THE ROCKEFELLOW INSTITUTE FOR MEDICAL RESEARCH

The Board of Scientific Directors of the Rockefeller Institute for Medical Research announces the following promotions and appointments:

Dr. Alphonse R. Dochez, hitherto an Association in Medicine has been made an Associate Member.

Dr. Henry T. Chickering has been appointed Resident Physician in the Hospital to succeed Dr. Dochez.

The following have been made Associates:

Dr. Louise Pearce (Pathology and Bacteriology).

Dr. Frederick L. Gates (Pathology and Bacteriology).

The following have been made Assistants:

Dr. Oswald Robertson (Pathology and Bacteriology).

Mr. Ernest Wildman (Chemistry).

The following new appointments have been made:

Dr. Rhoda Erdmann, Associate in the Department of Animal Pathology.

Dr. Rufus A. Morrison, Assistant in Medicine and Assistant Resident Physician.

Dr. John Northrop, Assistant in the Department of Experimental Biology,

Dr. Jean Oliver, Assistant in the Department of Pathology and Bacteriology.

Dr. Ernest W. Smillie, Fellow in the Department of Animal Pathology.

Dr. William D. Witherbee, Assistant.

Mr. Hardolph Wasteney, hitherto an Associate in the Department of Experimental Biology, has accepted an appointment as Associate Professor of Pharmacology in the University of California.

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#### RURAL HEALTH—AMERICA'S FIRST DUTY

"The estimated economic loss which our nation suffers each year from typhoid fever and malaria alone aggregates \$928,234,880, leaving out of entire account the sorrow, the unhappiness, the misery, and the inefficiency which follow in their train." Senator Joseph E. Ramsdell, of Louisiana, July 14th, addressed the United States Senate on the subject of "Rural Health—America's First Duty." "The greatest asset our country can have," said he, "is the healthy American citizen, and valuable as it may be to increase the health of livestock and vegetation, it is of far greater importance that we throw every possible safeguard about the health of the man who is responsible for that livestock and vegetation. Over \$900,000,000 lost every year! A sum which is sufficient to put our country into a state of preparedness equal to that of any nation in the world, enough money to give us the largest navy afloat and the most efficient army the world has ever seen, is annually offered up as a sacrifice to two diseases which are entirely preventable. Enough money to pay the annual expenses of every college student in the United States is absolutely thrown away every year." Senator Ramsdell estimates the grand total loss from typhoid fever at \$271,932,880 per annum, and the loss from malaria at \$694,904,750 per year; the total per capita loss from these two diseases being \$9.46. By comparative estimates it was shown that the United States Government appropriated \$5,016,175 for the

investigation and prevention of the diseases of animal and plant life, and only \$1,917,566 for the investigation and prevention of the diseases of man.

#### PREVENTION OF INFANTILE PARALYSIS

To control the present epidemic of infantile paralysis, according to a statement issued by the United States Public Health Service to-day, the chain of infection between persons harboring germs of the disease and the well members of the community should be broken. Infantile paralysis is probably caused by a very minute organism found in the nasal, mouth and bowel discharges of those who have the disease or who are carriers of the germ without themselves suffering from the ailment. All of the steps in the spread of the infection are not known, but if this germ can be prevented from passing from the infected to the well person, the diseases will cease.

Infantile paralysis is not a disease of recent origin. Sporadic or scattered cases have occurred throughout the country for many years, but it is only during the last decade that the infection has assumed epidemic proportions in the United States. The present epidemic in New York City, on account of its magnitude and virulence, has awakened the residents of many communities to the danger of the importation of the disease into their own midst. This danger is real, but if due precautions are exercised it is believed that the epidemic will subside.

The actual control of the present epidemic must be left to the city, State and Federal health authorities. These organizations will properly quarantine and care for affected persons, prescribe sanitary measures and limit as may be necessary the travel of individuals in order to protect neighboring districts from the infection. Individuals and communities, however, can do much toward their own protection.

Poliomyelitis is probably spread, directly or indirectly, through the medium of infective secretions. Account must therefore be taken by communities of every means by which such secretions are disseminated. Promiscuous expectoration should be controlled. The common drinking cup affords a method for the interchange of material of this nature and should therefore be abolished. Rigid cleanliness of glasses and utensils at soda fountains, in saloons and other public places should be enforced. Flies, roaches and other vermin, by coming in contact with infective secretions, may possibly convey them to our food and thus directly bring about the development of disease. Therefore eliminate insects. Street and house dust bear a definite relation to the spread of many infections, and it is not unreasonable to presume that they may be a factor in the dissemination of infantile

# Cystogen-Quinine

*A new Cystogen preparation composed of Cystogen ( $C_6 H_{12} N_4$ ), 3 grains and Quinine Alkaloid, 1 grain (representing about one and one-half grains quinine hydrochloride).*

In presenting Cystogen-Quinine Tablets we are simply supplying a combination of these two well-known drugs at the instance of many physicians who have noted satisfactory results from the use of cystogen and quinine.

The value of this combination, as well as its convenience of presentation, will be readily appreciated because of the antiseptic and slightly stimulating action of cystogen on the secretions and excretions of the abdominal viscera and the well-known action of quinine.

Cystogen-Quinine Tablets are packed in boxes of 25 tablets and in bottles of one ounce or 87 tablets.

#### OTHER CYSTOGEN PREPARATIONS

Cystogen—Crystalline Powder.  
Cystogen—5-grain Tablets.  
Cystogen-Lithia (Effervescent Tablets).  
Cystogen-Aperient (Granular Effervescent Salt with Sodium Phosphate.)

*Samples on Request*

**CYSTOGEN CHEMICAL CO.**  
515 Olive Street ST. LOUIS, U. S. A.

## So many cases of **Pruritus, Chafings, and Irritations**

are relieved by applying

### **K-Y Lubricating Jelly**

that we feel we owe it to our patrons to direct their attention to the usefulness of this product as a local application, *as well as* for surgical lubrication.

No claim is made that K-Y Lubricating Jelly will act with equal efficiency in every case; but you will secure such excellent results in the majority of instances that we believe you will continue its use as a matter of course.

**NO GREASE TO SOIL THE CLOTHING!**

*Collapsible tubes, 25c. Samples on request.*

**VAN HORN AND SAWTELL**  
15-17 East 40th Street, New York City

## **"For this relief much thanks,"**

said Hamlet.

So also says the patient who has just used the

### **K-Y ANALGESIC**

you told him to get  
from his druggist

**FOR THE LITTLE ACES  
OF EVERY-DAY LIFE,—**

little aches where a hypodermic would be too much, and where the pain is also too much for the patient. In such conditions,

### **K-Y ANALGESIC**

is an agreeably efficient middle course. No grease to soil the linen. Washes off in water.

*Collapsible tubes, 50c., druggists.  
Booklet and sample on request*

**VAN HORN AND SAWTELL**  
15-17 East 40th Street, New York City

# In Diarrhea of Infants

There are three important rules that should be rigidly observed—

**Stop at once the giving of milk in any form.**

**Thoroughly clean out the intestinal tract.**

**Give nourishment composed of food elements capable of being absorbed with minimum digestive effort.**

A diet that meets the condition is prepared as follows:

**Mellin's Food - - - - - 4 level tablespoonfuls**

**Water (boiled, then cooled) - 16 ounces**

(Composition — maltose, dextrins, proteins and alkaline salts)

(Calories per fluidounce = 6.2)

Feed small amounts at frequent intervals

As soon as the stools lessen in number and improve in character, gradually build up the diet by substituting one ounce of skimmed milk for one ounce of water until the amount of skimmed milk is equal to the quantity of milk usually given for the age of the infant. *Do not give any milk fat until the baby has completely recovered.*

**MELLIN'S FOOD COMPANY,**

**BOSTON, MASS.**

## REBUILT TYPEWRITERS GUARANTEED

Our guarantee is good. We have maintained high reputation for square dealing *25 years*

REMINGTON  
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CASH OR  
EASY TERMS

WRITE FOR  
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**TO-DAY**

**NASHVILLE,**

**MYERS MFG. CO.**

**TENNESSEE**

tile paralysis. Maintain strict cleanliness of streets, yards and alleys in order to prevent the breeding of insects and other vermin. See that all garbage and waste are properly cared for and collected at regular and frequent intervals. Guard all food supplies, especially milk and other perishable products. Digestive troubles of children arising from the ingestion of food of questionable quality may lower resistance. Assemblies of children in infected localities are to be discouraged, if not actually forbidden. While the above measures are in a sense general, and applicable to many epidemic diseases, their importance should not be overlooked.

Individual preventive measures may be thus summarized:

Summon a physician at once and immediately notify the health officer of the presence of the disease. If the disease is present in the community, medical aid should be sought whenever a child is sick no matter how light the illness; many cases of infantile paralysis begin with a slight indisposition. Should the illness prove to be infantile paralysis isolate the patient, place a competent person in charge, and reduce all communication with the sick room to a minimum. Hospital care is preferable, not only for the child, but in order to better safeguard against the spread of the disease. The sick room should be well ventilated and screened. Nasal and mouth secretions should be received in cloths, placed in a paper bag, and burned. The clothing of the child, the bed linen, and the excretions should be disinfected in the same manner as for typhoid fever; that is, by boiling, the long-continued application of 5 per cent carbolic, or other well recognized disinfectant. The same is true for dishes and drinking vessels. Nurses should exercise the same precautions as regards cleanliness of hands in caring for infantile paralysis patients as for those afflicted with other infectious diseases.

A child may convey the disease to others even after a lapse of several weeks. For this reason quarantine should be maintained for a considerable period, usually from six to eight weeks, and the above precautions should be adhered to during this time. Disinfection of the room following recovery is advisable.

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OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION:—At the sixty-seventh annual meeting of the A. M. A., held in Detroit, the following officers were elected: President, Dr. Charles H. Mayo, Rochester, Minn.; First Vice President, Dr. Lewellys F. Barker, Baltimore, Md.; Second Vice President, Dr. John Leeming, Chicago, Ill.; Third Vice President, Dr. J. Henry Carstens, Detroit, Mich.; Fourth Vice President, Dr. George F. Keiper, Lafayette, Ind.; Secretary, Dr. Alexander R. Craig, Chicago, Ill.; Treasurer, Dr. William Allen Pusey, Chicago, Ill.; Chairman of the House of Delegates, Dr. Hubert Work,

of Colorado; Vice Chairman of House of Delegates, Dr. Dwight H. Murray, New York; Board of Trustees; Dr. A. R. Mitchell, Nebraska; Dr. E. J. McKnight, Connecticut; Dr. Oscar Dowling, Louisiana.

This was the next largest meeting in the history of the Association, the registration exceeding 5,000. The next meeting will be held in New York City.

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**TYPHOID FEVERS A RATIONAL TREATMENT:**—"In the treatment of typhoid fever, what is necessary?" asks a medical writer, who proceeds to answer his own question in this wise:

"1. Endeavor to cut short the course of the attack and to lessen the danger-period during which there is risk of complications.

"2. Meet any complication which may arise, and be ready with the indicated treatment in the event of such complications.

"3. Guard against the danger of relapse by prolonging treatment beyond the period of symptoms and by general supervision during convalescence.

"4. Demand rest in bed and a milk diet, with unsweetened lemonade or barley water.

"5. Combat the effects of the toxemia from the infecting organisms by administering Typhoid Phylacogen."

Typhoid fever, as is well known, is an acute infectious disease, due to the entrance into the body of the bacillus of Eberth, commonly designated the bacillus typhosus. And while this bacillus is recognized as the specific cause it is conceded that complicating organisms, as the bacillus coli communis, the bacillus dysenteriae, the paracolon bacillus, the pneumococcus, the staphylococci and the streptococci, may play an appreciable part in the disease process.

In view of these facts, treatment with Typhoid Phylacogen would seem a rational procedure, this phylacogen consisting of a culture filtrate of the bacillus typhosus of Eberth and Mixed Infection phylacogen. In support of the treatment it is said that a marked effect in all favorable cases is the comparatively prompt subsidence of the fever and the early establishment of convalescence. It is also pointed out that, while shortening the disease-period, this therapy also simplifies treatment. It consists ordinarily of one injection a day and does away with ice, the bath-tub and supplementary attendants. For the technique of administration, suggestions as to dosage, etc., physicians are referred to the pamphlet "Typhoid Phylacogen," issued by Parke, Davis & Co., a comprehensive booklet containing information that cannot fail to be of interest and value to any practitioner.

**ARE YOU SEEKING A RELIABLE TONIC?**—Conservative medical men are neither asked nor expected to accept the opinions or conclusions of anyone else concerning the value of Gray's Glycerine Tonic Comp. The only request of the manufacturers is that the physician who is seeking a tonic, a dependable means of restoring the activity of the bodily functions, will give this remedy a fair and reasonable trial. To his conclusions as to the results obtained—his judgment as to the superiority of this remedy as a means of overcoming debility, inanition and malnutrition—the decision as to its use in the treatment of debilitated conditions is cheerfully left. Knowledge of what careful, painstaking physicians, however, are doing with Gray's Glycerine Tonic Comp. whenever a tonic is indicated, leaves no doubt of what that judgment will be, for it has been shown beyond all possible question that this efficient therapeutic agent has no superior in its field of use.

If you have some troublesome case in which you would like to try "Gray's"—write to-day to the Prudue Frederick Co., 135 Christopher Street, New York City.

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**A VALUABLE NEW CATALOGUE:**—Parke, Davis & Co. announce the publication of their 1916 price list, which is said to be an improvement in many respects over any previous issue of this valuable catalogue. The book is divided into three parts: Part 1—Fluid Extracts, Pills, Elixirs, Syrups, Tablets, etc. Part 2—Specialties, into which have been merged Special Preparations. Part 3—Biological Products. The nomenclature of the U. S. P., Ninth Revision, has been adopted in the new list, the term "milliliter" ("mil") being substituted for the cumbersome "cubic centimeter." The standards of the new U. S. P. applying to fluid, solid and powdered extracts and tinctures, together with the doses, have also been adopted. All Harrison-act items (products that must be ordered on official order forms) are clearly distinguished. Its amplitude, its handy classification, its comprehensive general index, all serve to make the new catalogue a reference book of the utmost value to medical practitioners. We understand that the book will be ready for distribution about August 1st. Physicians are advised to write for a copy, addressing their requests to Parke, Davis & Co., Detroit, Mich.

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**ELIXIR MALTOPEPSINE:**—The Ideal Corrective of Digestive Disorders, Efficient in Summer Complaint of Children. Free samples to the profession. Manufactured only by the Tilden Company, Pharmacists and Chemists, New Lebanon, N. Y., and St. Louis, Mo.



**THE HYPERSUSCEPTIBILITY of CHILDREN TO OPIUM:**—The hypersusceptibility of children to opium is one of the most potent reasons for employing a substitute in its place in the treatment of diseases of children. It has been found that *Papine* (Battle) is well borne by children to whom opium or morphine was intolerable, but when it is remembered that in the manufacture of *Papine*, through a special process, the narcotic and convulsive elements of opium have been eliminated, the reason for this point of *Papine's* superiority over opium, will be well understood.

*Papine* (Battle), as is well known, is a product of opium subjected to a process which while retaining the analgesic and sedative properties of the drug, separates from it its objectionable qualities, leaving the finished product of more than ordinary worth as an opiate for use in children.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sanders & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**CHAS. B. JAMES SANATORIUM, MEMPHIS, TENN.:**—We call the attention of our readers to the announcement of the *James Sanatorium* which appears in this issue. This sanatorium is one of the oldest in the South and has an established reputation in the treatment of Drug Addictions, Alcoholism and Nervous Diseases.

Medical Department in charge of physicians day and night. Competent nurses on duty all hours. Bath Department—Electric Needle, Spray, Mineral, Shower, Vibratory Massage and other Electric Treatments in charge of experienced attendants. Table supplied from the best the markets afford. Delightful parlors, reading and lounging rooms, large verandas and lawn swings. Screens and awnings. Electric fans on main floors. Victrola concerts, billiards, pool, croquet and other amusements free. Automobile will meet trains on request.

**STANOLIND LIQUID PARAFFIN**, formerly sold under the trade mark name of *Stanolax Liquid Paraffin*. The change of name was made to conform to the rules of the council on Pharmacy and Chemistry of the A. M. A. The trade mark *Stanolind* is an abbreviation derived from the corporate name of the manufacturers; a mark and guarantee of purity; a protection to physicians and patients against the danger of continued administration internally of mineral oils prepared and designed only for commercial purposes.

The Research Laboratories of the Standard Oil Co., (Indiana), Chicago, U. S. A., have produced from American Petroleum a neutral, bland, tasteless, odorless liquid paraffin that is equal to any and superior to most of the mineral oils now offered to the medical profession—using the trade mark name of *Stanolind Liquid Paraffin*.

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**COD LIVER OIL IN HOT WEATHER:**—In Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the clinician who seeks the utmost from his therapeutic and dietetic aids, will find the ideal codliver oil preparation for hot weather. Patients who rebel against the less palatable emulsions and complain of continued intolerableness, will take Cord. Ext. Ol. Morrhuæ Comp. (Hagee) over long periods without being subjected to the slightest disagreeable gastric symptoms. In securing this extraordinary degree of palatability for their product the manufacturers of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) have not sacrificed the slightest therapeutic or nutritive effect of the oil, for their process of manufacture, whilst eliminating the grease, retains in the finished product the essential elements of the oil.

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**NERVOUS IRRITABILITY OF CHILDREN:**—During the summer season the physician often must have recourse to sedatives in the case of his little patients, who may be suffering from the ailments of the season. When this becomes necessary he will find *Pasadyne* (Daniel) to be highly suitable agent for the purpose, for not only is it therapeutically active, but also it is innocuous. It is this latter feature that gives *Pasadyne* (Daniel) a position superior to that of the other sedatives. *Pasadyne* (Daniel) is simply a distinctive name for a pure concentrated tincture of *passiflora incarnata*, made for a generation by one firm specializing in its manufacture. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Georgia.

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**MELLIN'S FOOD** was the first preparation of maltose and dextrins presented to physicians in serviceable form; and it stands to-day as a true representation of Liebig's principles, which are now so generally applied to scientific infant feeding.

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ZIRATOL, THE UNIVERSAL ANTISEPTIC AND GERMICIDE is non-escharotic, of high efficiency, low toxicity and practically odorless. It is made by Bristol-Myers Co., 279 Greene Ave., Brooklyn, N. Y., who also manufacture Gartrogen Tablets so valuable in correcting hyperacidity; and whose "Sal Hepatica," so well and widely known—like good wine, "needs no bush."

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"ROBINSON'S PHOSPHORIC ELIXIR":—A modified and improved form of Chemical Food. This compound represents the full therapeutic value of Phosphoric Acid and the above named Phosphates as a remedy for Nervous Exhaustion, General Debility, Deranged Digestion, Etc. Robinson-Pettet Co., incorporated. (See ad. page 13, this issue.)

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## Selections

THE TREATMENT OF PNEUMONIA WITH MASSIVE DOSES OF QUININE:—Dr. Solomon Solis-Cohen of Philadelphia is known to be a warm advocate of the use of quinine and urea hydrochloride, which he gives in massive doses in the treatment of pneumonia, with results which are certainly very satisfactory. His method is described with great care in *The New York Medical Journal*, June 3 and 10, 1916. Doctor Solis-Cohen objects to his therapy for this disease being called the "quinine treatment," since he uses other remedies to meet indications. Quinine, however, is the drug upon which he places most reliance, and he uses it because it is believed by him to be a chemical antidote or an "antitoxin" to the pneumonia poison. It is because the drug neutralizes the poison of the disease (or itself is neutralized by that poison) that it is possible, in his opinion, to give the enormous dose which he administers without the production of any toxic effect.

Doctor Solis-Cohen is a firm believer in "dose enough," and this rule requires, in his experience, in any given case of pneumonia anywhere between 10 grains and 250 grains,

spread out over several days. In some cases a single dose is sufficient to insure recovery, but as a rule a number of doses are required, and these are administered at from three to six-hour intervals. The first dose administered consists of 1 to  $1\frac{1}{2}$  grams (15 to  $22\frac{1}{2}$  grains) of quinine and urea hydro-chloride, given in 25 to 50 per cent solution in hot water, which is injected deeply. This is usually followed by prompt decline in temperature with slowing of pulse and respiration. These injections are repeated in smaller doses ( $\frac{1}{2}$  to 1 gram) every third hour until the temperature falls to 102.2 degrees F. In all, the number of injections throughout the whole case varies from one to ten with an average, probably, of four or five, spread over from twenty-four to forty-eight hours. Patients are not disturbed for these injections when they are asleep. The general condition of the patient is also considered, and the quinine injections may be omitted if thought desirable, even when the temperature remains in the neighborhood of 103 degrees F.

As already stated, the administration of the quinine and urea hydrochloride does not constitute in itself the complete, logical treatment of a case of pneumonia. There are other remedies which Solis-Cohen believes of almost equal importance. He particularly mentions remedies designed to support the blood pressure, these being indicated because of the tendency toward falling blood pressure in pneumonia, especially under the influence of the quinine, which causes temporary pulse depression. Accordingly, he has adopted two rules regarding the use of pressor drugs in pneumonia.

1. Inject the pressor agent with the initial dose of quinine and urea hydrochloride.

2. Repeat the injection every third hour, whenever the systolic pressure curve falls five points below the numeral of the pulse curve.

The pressor agents recommended by Solis-Cohen are cocaine hydrochloride, pituitary, adrenalin, and camphor. He

frequently gives these remedies in rotation, changing the frequency of administration according to the urgency of symptoms.

Another class of remedies which Solis-Cohen uses and recommends highly and which are believed to be of an anti-toxic character, are digitalis and veratrum viride. Quite apart from the action of these two drugs on the heart, he believes that each of them possesses distinctly anti-toxic properties, and that, therefore, their use is justified in large doses, and this is especially true of digitalis. The physician may select his own preparation according to preference, and digitalin, and veratrine are referred to as among the possibilities.

This does not cover the complete treatment of the disease. Other factors must be considered, such as elimination, the use of bacterins, correction of alimentary disturbances, the toilet of the upper respiratory tract, and the use of iodine and of the chlorides, which are believed to have peculiar values in the treatment of pneumonia.

This article must be read in its entirety to appreciate its full value, and we trust that it may be reproduced in permanent form. While the method of treatment advocated by Doctor Solis-Cohen is not entirely in accord with our own, and while he has less faith than we in the value of the decongestant alkaloids, the whole paper is rich with promise and will be found exceedingly useful to anyone who may read it.—*Clinical Medicine*.

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AN OLD-FASHIONED COUGH MIXTURE DID THE WORK:—She coughed and coughed and coughed. She coughed in the day time and she coughed in the night time. Worse at night, so that her sleep was seriously interfered with. She was a modern and rich woman, and she did not believe in taking nuseous mixtures; in fact, she didn't believe in drugs at all. And her doctor was also a modern, so he didn't believe in durgs either. The treatment was "hygienic" and

"external." So she continued to cough; and the cough was a dry, harsh cough and only with the greatest difficulty could she bring up any phlegm. She began to run down, and her sputum was examined, but no tubercle bacilli were found. Finally she got tired of her cough, and her husband even more so. . It is he who insisted that she see a real old-fashioned doctor. The doctor made a superficial examination, and gave her the following prescription; our modern friends would call it a gun shot mixture:

Creosoti .....	mxxx
Codeinæ .....	gr. iii
Heroini hydrochlor.....	gr. ij
Ammon. carbon .....	3ij
Ac. hydrocyan. dil.....	3i
Syr. Scillae compos.....	3iv
Syr. Prun. virgin.....	3j
Glycerini q. s. ad fl.....	3iij
S. 3i, 3 or 4 times a day.	

Not a very pleasant mixture to take for a refined fashion-plate lady, but the relief she obtained from the very first dose was so positive and so immediate, that she took the medicine regularly and eagerly, and her cough was entirely gone before the second bottle was half finished. And there was no scientific diagnosis made, the treatment was what we contemptuously refer to as symptomatic. But the lady was *cured by it*, and the husband tells her: "Next time you get sick you go to a real doctor. The new fangled ones tell you what is the matter with you, but they can do nothing to take the matter away."—*Critic and Guide*.

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TREATMENT OF SEPTIC WOUNDS WITH EQUAL PARTS OF ICHTHYOL AND GLYCERINS—Duggan (*Practitioner*, January, 1916) for a beginning selected nine of the worst septic cases from about 800 patients. In two the patients' limbs were saved from amputation, two huge wounds being healed over in five weeks without skin-grafting. All the cases did

exceedingly well. The advantages claimed are: There is practically no irritation of the wound; the dressing does not adhere to the surface of the wound, and need only be changed once in twenty-four hours—in very extensive septic wounds, not more than twice in twenty-four hours; there is a great saving in cotton-wool, lint, and bandages; the strain in nursing is lessened; the patient is no longer disturbed by frequent dressing, and the time in hospital is very considerably curtailed, as compared with other methods.

The effect of ichthyol on a wound with thickened, unhealthy edges has to be seen to be appreciated; the edges appear simply to melt away.

Patients all volunteered the statement that the treatment suited their wounds better than anything which had previously been applied either at the front or in England. The ordinary methods used in surgery must be applied; necrosed bone, bullets, pieces of clothing, etc., should be removed, abscess cavities opened to their full extent, and counter-openings made where sinuses are present, when this is practicable. The method of application to the wound is by means of a camel's-hair brush. Or the application may be made upon lint or gauze. The surface of the wound is not washed with lint, but is dried with a small swab of cotton-wool or occasionally dabbed with pure alcohol. All ordinary antiseptics are discarded. Adherent dressings are loosened by pure boiled water. Drainage tubes are always removed after the first dressing, as they are regarded as unnecessary and as the cause of much suffering.

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**RHEUMATISM AND SULPHUR:**—We have recently received from Sir Lauder Brunton an extract of a paper he contributed to the *Lancet* of February 6, 1915. He says:

"In some cases, at least, of rheumatism, sulphur is an exceedingly useful antirheumatic. Many years ago, with the conceit born of ignorance, I considered the statement

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

Correspondence and Reports of Cases are requested from all regular Practitioners and Medical Organizations.

**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

that powdered sulphur worn inside the stocking is a cure for rheumatism to be only an old wives' fable. I learned my mistake from a case which occurred in my own practice. I was seeing at fairly regular intervals for alubuminuria a thoroughly skilled scientific chemist. One day the chemist asked me to prescribe for his wife, who was suffering from rheumatic pains in her hands which prevented her from sewing. This was to her a very serious matter, as she added much to their joint income by embroidering altar cloths and the like. I gave a prescription as requested, and at the next interview I asked the chemist how his wife was. 'Oh!' he said, 'she is quite well.' I was much pleased at this, and was taking the credit of the cure to myself, when the chemist told me that the medicine which I had given her had done her no good at all, but a friend had told her to powder the inside of her stockings with sulphur and wear them all night. In a short time this completely cured her, and her husband said the sulphur must have been absorbed through the skin of her legs, passed through her body, and been excreted by the skin of her arms, because her silver bangles became black. This remedy is simple, cheap, and easily applied, and might be useful in the case of the British soldiers. I hardly think it could do any harm whatever, though I have no experience of the effect of sulphur continuously applied to the skin for some weeks together, but, at any rate, I think it is worth a trial."

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NON-SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE:—  
Dr. Israel Brown, instructor in physical diagnosis in the Medico-Chirurgical College, Philadelphia, contributed an article to the *New York Medical Journal*, November 15, 1915, which consumed four pages. It gave his experience in the non-surgical treatment of exophthalmic goitre. He reviewed the use of almost every remedy that has been suggested by others. His conclusions are interesting from the fact that he cured twenty-four patients. He concludes as follows:

My experience of twenty-four cured cases of ex-ophthalmic goitre has convinced me of the following:

1. Exophthalmic goitre is primarily and essentially a non-surgical disease; at least twenty-five per cent of cases being curable by non-surgical measures.

2. The only conditions justifying surgical interference are:

- (a) Dangerous pressure symptoms.

- (b) Evidences of malignant changes in the goitre.

3. All cases do not respond to the same treatment, though some measures are applicable in all cases.

4. The most important drugs in the treatment of exophthalmic goitre are quinine hydrobromide, suprarenal gland, iron, arsenic, phosphorus (preferably in the form of lecithin), and ichthyol.

5. Rest, hyperalimentation, and electricity (preferably the Roentgen or the violet rays) are essential adjuvants to a successful outcome.

6. A large majority of these cases are well on the way to recovery within six months' conscientious non-surgical treatment as herein outlined.—*Indianapolis Medical Journal*.

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AMMONIA AS AN ENEMA:—In the *Lancet* of February 12, 1916, Black writes as follows:

"May I draw your readers' attention to the effectiveness of an ammonia enema in the treatment of postoperative ileus and intestinal paresis? This sequela of an abdominal operation all have found to be most distressing to the patient, while it is exasperating to the surgeon, and in extreme cases even dangerous to the patient's life. I understand that at the front it has proved frequently a fatal complication of operations for abdominal wounds.

"The prescription is liq. ammon. fort. 1 dr., water one pint, administered as an enema; its effect is greatly enhanced by a hypodermic of pituitary extract 1 Cc. half an hour previously. This treatment is sure to result in a good

motion and discharge of excessive flatus, and again and again I have found it to act where the ordinary enemata, turpentine, eserine, etc., had failed. Two words of warning I would give—namely, that if used frequently, or if used in greater strength than I suggest, injury to the rectal mucous membrane is liable to take place. On two occasions the daily administration of the enema for three consecutive days resulted in a certain amount of rectal hemorrhage. On another occasion the mistake of a nurse in putting in too much ammonia gave the patient a very painful septic colitis lasting for a week.

“My excuse in writing about this is that although I do not claim originality, I have not been able to find in any text-book any mention of ammonia used as an enema, nor have I ever met anyone in England who ever heard of it. Yet I am convinced of its importance.”—*Therapeutic Gazette*.

---

A GOOD ANTISEPTIC SOLUTION:—Liq. antisepticus alkalinus the antiseptic solution of the Pharmacopeia contains 2 per cent of boric acid, one-tenth of one per cent each of benzoic acid and thymol, as well as small but definite amounts of eucalyptol and the oils of peppermint, gaultheria and thyme. Its alcohol content is 25 per cent. It is a mild yet efficient antiseptic, and in those cases where such agents as mercuric chloride, phenol and iodoform, and the like, are objectionable, its action is decidedly advantageous, owing to its great penetrating power, a consideration of practical importance.

The ideal antiseptic is one that combines a maximum of toxic effect on bacteria with a minimum of detrimental action on tissue cells. Such an antiseptic has not yet been found and probably does not exist, but a thorough trial of this preparation will establish its usefulness as one of the best available antiseptics.

It is a colorless solution, or at most of a very light straw color, of pleasant and agreeable odor, and less irritant than

most other antiseptics. It is also a useful detergent, and is an efficient gargle when diluted with an equal quantity of water or solution of hydrogen dioxide (*aqua hyprogenii dioxidi* U. S. P.), commonly called peroxide of hydrogen.

Its use as a dentifrice and as an antiseptic spray for the throat and nose often absorbs the incipient stages of infectious diseases.—*Therapeutic Topics*.

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**THE TREATMENT OF NEPHRITIS:**—In the *Boston Medical and Surgical Journal* of January 20, 1916, Phipps reaches these conclusions:

1. Any rigorous system of diet may be (but should not be) so strict or continued so long as to make it distinctly harmful to the individual case.

2. More freedom in the allowance of protein than is recommended in the "text-book" nephritis diet may be of apparently great advantage in the individual case.

3. Thyroid extract has, perhaps, a great value in the treatment of nephritis, one of the commonest and, at the same time, one of our most hopeless diseases.

4. If given carefully, the administration of the drug is safe.

5. Thyroid medication in nephritis should receive more attention than has heretofore been accorded it.

---

**CALCIUM SULPHIDE AN ANTIDOTE FOR MERCURIAL POISONING.**—B. Merrill Ricketts recently described a method devised by him to antidote mercury in the system after the swallowing of a lethal dose. For every grain of mercury ingested he gives one grain of calcium sulphide by the mouth and repeats it every two hours until five grains have been taken. If the case is already forty-eight hours old when treatment is begun he injects the drug into a vein—one grain of mercury swallowed. Ricketts reported several cases of recovery, in one of which 80 grains of bichloride had been taken.—*American Journal of Clinical Medicine*.

**VENESECTION AS A THERAPEUTIC MEASURES**—In the *Boston Medical and Surgical Journal* of February 24, 1916, Lawrence after discussing this subject says, in conclusion, that the following statements seem justified by the cases he reports and others:

1. Venesection, performed under proper indications, is not a dangerous measure, especially since the "dose" can be accurately controlled.

2. In the presence of dilatation of the heart, renal toxemia, hypertension, or a combination of these conditions, it may be expected to act more promptly and more surely than drugs.

3. It lowers blood-pressure and at the same time produces a more efficient circulation when performed in cases of hypertension, but does not, in therapeutic "doses," lower normal arterial tension.

4. It should never be performed in the absence of definite indications, but should not be withheld until the hope of success for any measure is gone.

5. The amount of blood to be withdrawn is to be decided by the point at which relief is obtained. The error is generally on the side of too small an amount.

6. Repeated bloodletting, when indicated, does not seem to have any ill effects upon the composition of the blood.

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**SURGEON'S UNIQUE WILL:**—The will of Dr. J. William White, distinguished surgeon, of the University of Pennsylvania, has been admitted to probate. The value of the estate, it is believed, will reach one million dollars.

The will provides money each year for a convict discharged from the Eastern penitentiary "who is most likely to be helped to permanently honest ways," and a similar gift to a discharged patient of the Philadelphia hospital to aid him in earning "a decent livelihood."

The widow receives \$100,000 and a life interest in the bulk of the residuary estate. Annuities are given to two

brothers, some of the servants in the White household and others. After the death of the widow the residuary estate is left in three equal parts to the Maternity Hospital of Philadelphia, the University of Pennsylvania Hospital and the trustees of the university, in trust for the promotion of physical education and of athletics at the university.

A trust fund of \$150,000 is created as a permanent endowment for the establishment of professorships of surgical research at the University of Pennsylvania. One fund of \$50,000 is to be invested for one hundred years and then added to the general endowment fund of the university hospital.—*Medical Herald*.

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THE COUNTRY DOCTOR:—The words "country doctor" are used as a term of disparagement by many people, even by city physicians. The great physician and surgeon of the city, of course, never uses the term in that way, because the chances are that at one time, in the incubation period of his greatness, he himself was a country doctor.

It is a well-known fact that many of the deservedly successful city doctors laid the foundation for their city success during their years of country practice.

The practice of medicine in the rural districts makes for self-reliance. There is no professor of laryngology to call in when an œdema of the glottis threatens to suffocate the patient. The country doctor takes the responsibility upon himself and does the work of the emergency himself, and does it successfully, too. Take the city and country doctors, man for man, which are the best students? Visit the clinics. Who is attending them? It's the country doctor who spends his time and money, away from home, at the seats of medical learning, while the city physician is waiting in his office chair for the patients who sometimes come, but seldom pay. No, the country doctor does not need your pity, neither does he merit your vituperation. He is able to do his work and do it well. And when an occasion arises where he needs the city physician, he exercises good judg-

ment when he calls the city doctor who was once a country doctor himself.—*Bulletin, Calumet Co., Wis.*

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**MAGNESIUM SULPHATE IN NON-AMEBIC DYSENTERY:—**

Dr. F. Wyatt-Smith, in *The British Medical Journal*, November 27, 1915, has this to say:

In February, 1898, when our forces engaged against the Waziris on the Northwest Frontier of India were being exhausted by dysentery, you were good enough to publish an experience in South America in the treatment of non-amebic dysentery by drachm doses of magnesium sulphate every two hours. I found it to be a specific; and the observation was confirmed by correspondents at the front, by the medical officer in charge of the gaol at Mauritius, and later, in the South African war, by friends engaged in it. The observation is not new, for a correspondent in Belfast points out that it was published at least three hundred years ago. But that need not prevent the younger surgeons at the Dardanelles from giving the treatment a trial, when, I think, if it is the non-amebic form of dysentery with which they have to deal, they will be astonished at the results.

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**A HEALTHY CITY:—**In his vital statistics report for the month of May, Dr. Charles Traver, City Health Officer of Eagle Pass, says that that city is still in the lead as the healthiest town in Texas. The report says there were fourteen deaths in the city during the month, thirteen being Mexicans and one American. The American was a woman 69 years old, and had gone to Eagle Pass several months before in the advanced stages of illness. This was the first American death in Eagle Pass during the year, and Eagle Pass has a population of three thousand Americans.

In this statement, Dr. Tarver says that the record up to the present time shows a decrease of fully 50 per cent in the death rate. He claims that the low death rate this year is due to the proper screening of foods offered for sale and better hygienic conditions in general.—*Texas Med. Journal.*



**THE DOCTOR WHO IS!**—The “General Practitioner” is, usually, a member of the best medical societies. He buys the best books. He subscribes to the best journals, and make enough money to pay promptly for them. He uses the best diagnostic and surgical instruments and prescribes or dispenses the best and most dependable remedies. He wants to know what the leaders in the profession are doing and how they do their work. He is in favor of public sanitation. He stands for high ethical standards. He is a gentleman. He is rationally pro-organization and works heart and soul with his fellows in the profession.

This is the conception of the general practitioner expressed by our worthy contemporary magazine, the *Medical Council*, in which we concur.

He studies his patient all over and tries to understand him thoroughly. He seeks light from every source, the specialties included, and often searches deeper than some of the specialists and finds contributory morbid conditions which some specialists overlook, especially if the specialist has not first been a general medical practitioner.—*The Alienist and Neurologist*.

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**SERA AND VACCINE THERAPY:**—Dr. A. W. McFarland in *N. Y. State Jou. of Medicine*, concludes an excellent article on this subject as follows: In conclusion: Although the treatment by sera and vaccines points the way for the future advance and development of nature's therapeutics, it must be recognized that there is much in it which is purely hypothetical, and still more that is obscure and unknown. Let us avoid a repetition of the pathetic errors of the past and especially the pitfalls of commercialism. It is a powerful but two-edged sword, and care must be taken lest irreparable harm be done to those who entrust their lives to our care. No better advice can be given to-day than that which has stood the test of twenty centuries. “Prove all things and hold fast to that which is good.”

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EDITOR AND PROPRIETOR

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## *Original Communications.*

### TUBERCULIN IN THE MANAGEMENT OF TUBERCULOSIS\*

BY O. N. BRYAN, M.D., OF NASHVILLE, TENN.

I would not leave the impression that tuberculin *per se* will do anything toward the relief or arrest of tuberculosis; but when used in conjunction with fresh air, sunshine, diet, rest, etc., it is believed by most authorities to be of marked benefit. The patients treated with it will show a much better percentage of arrests than those not using it.

Since tuberculin should play an important part in the management of any case of tuberculosis, which is diagnosed early, I feel justified in bringing some of the salient points before you relative to its administration.

There are many kinds of tuberculins on the market, with men claiming much for each one. According to those doing the most work with tuberculin therapy, the therapeutic principle is the same with all tuberculins. I use the Bacillen Emulsion but have had some good results from the use of the B. F. and O. T.

Tuberculin is not a true specific as some think; such as

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\*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, August 15th, 1916.

diphtheritic antitoxin is for diphtheria. Its action, according to Sahli, is *an actively immunizing curative process*; in other words, its virtue depends upon its capability of arousing the natural healing processes of the body to more activity. One feature played, by these natural healing processes, is the rendering of the body insensible to the tubercle toxin by assimilation of gradually rising doses of toxin. In other words, it raises the opsonic index. Wolff-Eisner shows that only by means of the tuberculin lysin is the real active tubercle toxin produced in the form of lysinized tuberculin, which is far more toxic than the genuine original tuberculin, just as albumoses and peptoses are more toxic than primary albumin. These secondarily formed toxic substances are those which, in the natural course of tuberculosis, cause in the tubercular foci, the well-known inflammatory, irritative actions. Every case of tuberculosis that receives tuberculin has a reaction, in the form of hyperemia and congestion at the focus of infection; therefore, the thing desired in administering tuberculin is to give enough, so that, as far as possible, there will be a clinically imperceptible reaction. What we expect to gain then by administering tuberculin is a slight reaction of hyperemia at each injection, which stimulates the natural healing processes to a greater activity. We only attain a relative immunity by giving tuberculin; which means a relative increase in resistance to the tubercular infection. It is by these same means that we account for so many cases of tuberculosis healing spontaneously. It has been proved by post-mortem examinations that about ninety percent of the persons reaching the age of 30 have had some form of tubercular infection. Then you will ask me why some heal and others do not? Many things will take a hand here, namely the resistance of the patient; the virulency of the organisms; the extent and location of the infection, and contamination by other organisms which lower resistance. Another thing that hinders the healing action of the antibodies

of tuberculosis is the non-vascular condition of the focus which prevents the penetration of antibodies. That tuberculin acts by producing a hyperemia at the focus is shown by the reaction at the focus whenever an overdose of tuberculin is given. So from what has been said you can see that you are dealing with a two-edged sword with which you wish to cut just so far and no farther; that is, produce a slight reaction, locally but not generally. Then how are you to recognize this reaction when it comes? It comes in one of three ways or all three combined, namely (1) local, (2) focal, and (3) general reaction. The local reaction will manifest itself by redness, swelling and heat at the point where the injection is made. The focal reaction can be determined by physical signs in the form of rales returning in case of pulmonary tuberculosis. In case of lupus, where it is visible, the reaction can be seen or in case of sinuses there will be a return of discharge, together with redness, swelling, etc. I remember well a prominent physician reporting a case of tubercular knee that did excellent on tuberculin for a long while and all at once without any apparent cause the knee became very much worse and the general symptoms worse. He had a reaction and never recognized it, but went away condemning tuberculin. The general reaction manifests itself in the form of a general tired feeling. May be chilly, loss of appetite, increase in temperature and pulse. The reaction comes in 24 to 48 hours after a dose of tuberculin. So you should ever be on the alert to notice any reaction. A lady that was under my care for tubercular enteritis was never able to take over 1-500 mgm. She began with 1-10,000 and increased to this point, where she had a reaction with a return of all symptoms; but by discontinuing the tuberculin for a few days and reducing the dose she was able to continue. She is now apparently well and it has been about 18 months since she had any medicine. Some patients have a hypersensitivity to tuberculin, as with any other foreign proteid, com-

monly spoken of as anaphylaxis. In a case of this kind the thing to do is to stop administering for several days until the reaction has disappeared, then begin with the same dose; or if the reaction has been slow disappearing then the dose will have to be reduced. In the event the hypersensitivity persists in the case then the preparation should be changed, and if you are giving B. E. change to O. T. or B. F. or the bovine type.

There are many different ways of diluting tuberculin. It can be bought in concentrated form or diluted, in serial dilutions. The method used mostly in this country is to have each dilution ten times weaker than the preceding one. The one most essential point in making dilutions is to keep them sterile. Make them out of normal Saline solution with .4 percent Carbollic Acid. Too large amount should not be diluted at one time because it does not retain its potency so readily in dilution, as in concentrated form. At any time you are using it and it becomes cloudy or milky then discard it and make a fresh solution.

Probably the best time of the day to give tuberculin is in the afternoon, because you may better determine the toxic condition of your patient in the afternoon, and a number of these patients must go to bed after the medicine is given; although, it is not imperative, for it may be given in the morning as well.

The size of the initial dose will depend largely upon the activity of your tubercular process and the site of lesion, as in pulmonary tuberculosis, much more care must be exercised and the dose increased slower than in a case of tubercular adenitis. In early pulmonary cases I begin by giving 1-10,000 mgm. as the initial dose, while in bone or gland lesions it may be perfectly safe to give 1-1,000 mgm. as the initial dose. Pottenger thinks the first few doses should be increased very rapidly, making the second dose two, five or even ten times the amount of the initial dose. While Sahli is of a different opinion, saying that the dosage should be

increased in a more gradual manner and not taking any chances with a general reaction. The method of increase I use is by the logarithmic scale, so that each dose will be an increase of the same amount over the preceding one. The old method was to give two minims of a certain dilution and in four days give four minims which was a 100 percent increase, then he gave six minims, an increase of 50 percent, showing a decrease over the initial dose, and so on until they reached 20 minims which is a small percentage increase over 18 m. By this means you can readily see how irregular your dosage is; at the beginning of each dilution you have a marked increase while at the last of each dilution there is a very small increase. How often should it be administered? After administering tuberculin there is immediately a negative phase which means manufacturing receptors, when they are finished then immediately follows the positive phase and this is the period when the next dose should be given; therefore, in giving 1-1,000 mgm. as the initial dose the interval should be longer, one week or ten days. The average time in the average case will be four days and is a good working time. You will have to be your own judge and watch for reactions, because if your interval is too long you may get a reaction from repeated small doses as well as large ones, that is if it is not given in the positive phase. Pottenger says "Individualization in size of dose, in method of increase, and interval between dosage is absolutely essential to best results."

How long should you give tuberculin and what shall be your maximum dose? You must be guided as in all other conditions by the condition and improvement in the patient. Some authors say continue until you reach 100 mgm. per dose, but this is not a good rule and most cases will not be able to take near so much without a severe reaction. If you can reach 1-100 to 1-10 mgm. you have done well. A good rule to follow is, the more active your tubercular process, then the smaller the dose and the more rapid increase



for a short time. Some cases will bear short periods of stimulation better than a continuous administration. Others will do better by taking several doses then going back to the initial dose and repeat.

There is no definite time as to how long these cases should continue treatment, but will depend upon the response of the patient. Some men claim that if they cannot take tuberculin from six to twelve months it is useless to take it at all; but Pottenger says he feels he has had good results from even a single dose of tuberculin when used as a diagnostic means, and he further says it should be used if only for a few weeks.

One thing you must guard against in the use of tuberculin and that is allowing the family to administer it, because your patient will be better off without it unless you have someone to watch for reactions.

Good records should be kept of your cases so you will know at subsequent examinations how they are doing. Your patient should always be made to realize that his co-operation in every respect is imperative, and I believe in talking frankly with patients and telling them their exact condition unless it is a hopeless case, then it is unnecessary. But if you can make the patient realize the importance of carrying out many details then he will be benefitted.

How are we to judge as to whether the benefit is derived from the tuberculin or not? Men who have treated many cases with and many without tuberculin get a much better result in tuberculin treated cases. These patients soon after treatment is begun feel much better and have better appetite, temperature and pulse lessen, nervousness disappears and there are physical signs of improvement. You must not think because it does not improve your patient at once you are not getting some improvement: just remember the patient was slow in getting in this condition and will be slow getting out. So many patients will think they are better because there are few bacilli in the sputum. Some very

mild cases may have abundant organisms in the sputum, while other extensive cases may have scattered bacilli, so do not let this influence you.

What shall you do in case you get a reaction? Now here is the one thing that has placed tuberculin in more ill repute than any other thing, that is the continuing tuberculin with increased dosage after a reaction. The thing to do when you have a reaction is stop it until the reaction is over, then either begin again at the same dose or reduce the dose according to the length of time waiting.

It is best not to give a very large dose during menstruation, but it is better to give it then than to wait too long for the next dose and get out of the positive phase. In case of influenza or any acute illness it is better to always give it the benefit of a doubt, and if you withhold it as much as two weeks then it is best to reduce the next dose.

Patients that are receiving tuberculin treatment should be instructed to tell the physician any change they notice in their symptoms, as increased cough, expectoration, loss of appetite, lassitude, expectoration of blood, etc. When a patient is coughing up blood tuberculin should not be given until that has ceased, and he should especially pay attention to any change in symptoms the first forty-eight hours after administration.

There is one thing that a physician must do for a tubercular patient and that is to ever be cheerful and hopeful and do not speak of what you are doing in a doubting way to the patient, because usually they are in a general neurasthenic state.

There has been much said about when to use tuberculin in fever cases. It is true the ideal case is the one that is not running much fever, but Pottinger says, use it in all cases and at the same time combat any other contributing cause in the form of secondary infection by vaccine, rest, sunshine, etc. The fever case will require a smaller dose to begin than the afebrile case.

## ALCOHOL AS A MEDICINAL AGENT

BY E. H. SHOLL, M.D., OF BIRMINGHAM, ALA.

I write this brief statement from the experience of sixty years as a practitioner of medicine, and the oldest one in the State of Alabama.

There be those who decry the use of alcohol altogether and think they can find a substitute. So far I have never yet found one, and desire to cite the two following cases:

A lady aged 73, had a severe attack of pneumonia. She took three ounces of whiskey every three hours until entire convalescence was established. Not knowing the taste of it, she took in all three and a half gallons, with perfect recovery.

The other case, a middle aged lady, in an attack of typhoid fever, took five gallons and one quart of Sherry wine, with perfect recovery.

The explanation of these facts is simple—a number of like cases can be cited. The alcohol is simply a fuel, like coal in the grate, furnishing the means of combustion to neutralize the tissue waste occasioned by the fever.

Where is the remedial agent that can take its place? I have found none, and never expect to.

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**Selected Article**THE NATURE, MANNER OF CONTRACTING, AND  
MEANS OF PREVENTION OF INFANTILE  
PARALYSIS.\*

BY SIMON FLEXNER, M.D.

*Director of Laboratories of Rockefeller Institute, New York.*

Although the micro-organism of infantile paralysis is now known, the difficulties attending its artificial cultivation

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\*Abstract of a paper read before a Conference of Physicians in New York, July 13, 1916, and reprinted from the *N. Y. Medical Times*, August, 1916.

and identification under the microscope are such as to make futile the employment of ordinary bacteriological tests for its detection. Nevertheless, the virus can be detected by inoculation tests upon monkeys. In this manner the fact has been determined that the mucous membrane of the nose and throat of healthy persons who have been in intimate contact with acute cases of infantile paralysis may become contaminated with the virus, and that such contaminated persons, without falling ill themselves, may convey the infection to other persons, chiefly children, who develop the disease.

Micro-organisms which convey disease escape from the body of an infected individual in a manner enabling them to enter and multiply within fresh or uninfected individuals in such a manner as to cause further disease. The virus of infantile paralysis is known to leave the infected human body in the secretions of the nose, throat and intestines. It also escapes from contaminated healthy persons in the secretions of the nose and throat.

At one time certain experiments seemed to show that biting insects, and particularly the stable fly, might withdraw the virus from the blood of infected persons and inoculate it into the blood of healthy persons. But as the virus has never been detected in the blood of human beings and later experiments with the stable fly have not confirmed the earlier ones, this means of escape of the virus must be considered doubtful. On the other hand, it has been shown by experiments on animals, so that the same facts should be regarded as applicable to human beings, that the virus seeks to escape from the body by way of the nose and throat, not only when inoculation takes place through these membranes, but also when the inoculation is experimentally made into the abdominal cavity, the blood, or the brain itself.

The physical properties of the virus of infantile paralysis adapt it well for convenience to the nose and throat. Being contained in their secretions, it is readily distributed by

coughing, sneezing, kissing and by means of fingers and articles contaminated with these secretions, as well as with the intestinal discharges. Moreover, as the virus is thrown off from the body mingled with the secretions, it withstands for a long time even the highest summer temperature, complete drying, and even the action of weak chemicals, such as glycerin and carbolic acid.

Hence mere drying of the secretions is no protection; on the contrary, as the dried secretions may be converted into dust which is breathed into the nose and throat, they become a potential source of infection. The survival of the virus in the secretions is favored by weak daylight and darkness, and hindered by bright daylight and sunshine. It is readily destroyed by exposure to sunlight.

Certain experiments indicated that the biting stable fly could both withdraw the virus from the blood of infected and reconvey it to the blood of healthy monkeys, which became paralyzed. But more recent studies have failed to confirm the earlier ones.

Domestic flies experimentally contaminated with the virus remain infective for forty-eight hours or longer. Animals which have especially come under suspicion as possibly distributing the germ of infantile paralysis are poultry, pigs, dogs and cats. But in isolated instances sheep, cattle and even horses have been suspected. Experimental studies have, however, excluded the above mentioned animals from being carriers of the virus of infantile paralysis. The paralytic diseases which they suffer have long been known and are quite different from infantile paralysis. Their occurrence may be co-incidental; in no instance investigated has one been found to be responsible for the other.

Studies carried out indicate that, in extending from place to place or point to point, the route taken is that of ordinary travel. This is equally true whether the route is by water or land, along a simple highway or the line of a railroad. The virus of infantile paralysis is destroyed in the interior of

the body more quickly and completely than, in some instances, in the mucous membrane of the nose and throat. It has been found in monkeys, in which accurate experiments can be carried out, that the virus may disappear from the brain and spinal cord within a few days to three weeks after the appearance of the paralysis, while at the same time it is still present upon the mucous membrane mentioned.

The longest period after inoculation in which the virus has been detected in the mucous membrane of the nose and throat of monkeys is six months. It is far more difficult to detect the human than the monkey carriers of the virus. Yet in an undoubted instance of the human disease the virus was detected in the mucous membrane of the throat five months after its acute onset. Hence we possess conclusive evidence of the occurrence of occasional chronic human carriers of the virus of infantile paralysis.

Not all epidemics are equally severe. The extremes are represented by the occasional instances of infantile paralysis known in every considerable community and from which no extension takes place, and the instances in which in a few days or weeks the number of cases rises by leaps and bounds into the hundreds, and the death rate reaches 20 per cent. or more of those attacked. A factor of high importance is the virulence of the micro-organism causing the disease. The virus as ordinarily present in human beings even during severe epidemics has low infective power for monkeys. But by passing it from monkey to monkey it tends to acquire, after a variable number of such passages, an incredible activity. However, occasional samples of the human virus refuse to be thus intensified. But once rendered highly potent, the virus may be passed from monkey to monkey through a long but not indefinite series.

Not all children and relatively few adults are susceptible to infantile paralysis. Young children are more susceptible, generally speaking, than older ones; but no age can be said to be absolutely insusceptible. When several children exist

in a family or in a group, one or more may be affected, while the others escape or seem to escape. This means that the term infantile paralysis is a misnomer, since the disease arises without causing any paralysis whatever, or such slight and fleeting paralysis as to be difficult of detection.

The abortive cases indicate a greater general susceptibility than has always been recognized, and their discovery promises to have far reaching consequences in respect to the means employed to limit the spread or eradicate foci of the disease. The period of incubation is subject to wide limits of fluctuation; in certain instances it has been as short as two days, in others it has been two weeks or possibly even longer. But the usual period does not exceed about eight days.

Probably the period at which the danger of communication is greatest is during the very early and acute stage of the disease. This statement must be made tentatively since it depends on inference, based on general knowledge of infection, rather than on demonstration. Judging from experiments on animals, the virus tends not to persist in the body longer than four or five weeks except in those exceptional instances in which chronic carriage is developed. Hence cases of infantile paralysis which have been kept under supervision for a period of six weeks from the onset of the symptoms may be regarded as practically free of danger.

Infantile paralysis is one of the infectious diseases in which insusceptibility is conferred by one attack. The evidence derived from experiments on monkeys is conclusive in showing that an infection which ends in recovery gives protection from a subsequent inoculation. Observation upon human beings have brought out the same fact, which appears to be generally true, and to include all the forms of infantile paralysis, namely, the paralytic, meningeal or abortive, which all confer immunity.

The blood of normal persons and monkeys is not capable of

destroying or neutralizing the effect of the virus of infantile paralysis. The blood of persons or monkeys who have recovered from the disease is capable of destroying or neutralizing the effect of the virus. The immunity to subsequent infection, whether occurring in human beings after exposure or monkeys after inoculation, rests on the presence of the so-called immunity bodies. So long as they persist in the body, protection is afforded, and their presence has been detected twenty years or even longer after recovery from infantile paralysis. Protection has been afforded monkeys against inoculation with effective quantities of the virus of infantile paralysis by previously subjecting them to inoculation with sub-effective quantities or doses of the virus. By this means and without any evident illness or effect of the protective inoculation complete immunity has been achieved. But the method is not perfect since in certain instances not only was immunity not obtained but unexpected paralysis intervened. In the instances in which protection was accomplished the immunity bodies appeared in the blood.

By transferring the blood of immune monkeys to normal or untreated ones, they can be rendered immune, and the immunity will endure for a relatively short period during which the passively transferred immunity bodies persist. The accomplishment of passive immunization is somewhat uncertain, and its brief duration renders it useless for purposes of protective immunization.

On the other hand, a measure of success has been achieved in the experimental serum treatment of inoculated monkeys. For this purpose blood serum derived either from recovered and protected monkeys or human beings has been employed. The serum is injected into the membranes about the spinal cord, and the virus is inoculated into the brain. The injection of serum must be repeated several times in order to be effective.

Use of this method has been made in a few instances in France, where the blood serum derived from persons who



had recovered from infantile paralysis has been injected into the spinal membranes of persons who have just become paralyzed. The results are said to be promising.

The virus of infantile paralysis attacks and attaches itself to the central nervous organs. Hence it is reached not only with difficulty because nature has carefully protected those sensitive organs from injurious materials which may gain access to the blood, but it must be counteracted by substances and in a manner that will not themselves injure those sensitive parts. The ideal means to accomplish this purpose, is through the employment of an immune serum, since serums are among the least injurious therapeutic agents.

The only drug which has shown any useful degree of activity is hexamethylenamin, which is itself germicidal, and has the merit of entering the membranes, as well as the substance of the spinal cord and brain in which the virus is deposited. But experiments on monkeys have shown this chemical to be effective only very early in the course of the inoculation and only in a part of the animals treated.

Efforts to modify and improve this drug by chemical means have up to the present been only partially successful. The experiments have not yet reached the point where the new drugs are applicable to the treatment of human cases of infantile paralysis.

#### PRACTICAL DEDUCTIONS AND APPLICATION.

1. The chief mode of demonstrated conveyance of the virus is through the agency of human beings. Whether still other modes of dissemination exist is unknown. According to our present knowledge, the virus leaves the body in the secretions of the nose and throat and in the discharges from the intestines. The conveyers of the virus include persons ill of infantile paralysis in any of its several forms and irrespective of whether they are paralyzed or not, and such healthy persons who may have become contaminated by attendance on or association with the ill.

How numerous the latter class may be is unknown. But all attendants on or associates of the sick are suspects. These healthy carriers rarely themselves fall ill of the disease; they may, however, be the source of infection in others. On the other hand, the fact that infantile paralysis is very rarely communicated in general hospitals to other persons indicates that its spread is subject to ready control under restricted and supervised sanitary conditions.

2. The chief means by which the secretions of the nose and throat are disseminated is through the act of kissing, coughing or sneezing. Hence during the prevalence of an epidemic of infantile paralysis, care should be exercised to restrict the distribution as far as possible through these common means.

Flies often collect about the nose and mouth of patients ill of infantile paralysis and feed on the secretions, and they even gain access to the discharges from the intestines in homes unprotected by screens. This fact relates to the domestic fly, which, becoming grossly contaminated with the virus, may deposit it on the nose and mouth of healthy persons, or upon food or eating utensils.

Food exposed to sale may become contaminated by flies or from fingers which have been in contact with secretions containing the virus; hence food should not be exposed in shops and no person in attendance upon a case of infantile paralysis should be permitted to handle food for sale to the general public.

4. Protection to the public can be best secured through the discovery and isolation of those ill of the disease, and the sanitary control of those persons who have associated with the sick and whose business calls them away from home.

Care exercised not to scatter the secretions of the nose and throat by spitting, coughing and sneezing, the free use of clean handkerchiefs, cleanliness in habits affecting speci-

ally the hands and face, changes of clothes, etc., should all serve to diminish this danger.

5. The degree of susceptibility of children and other members of the community to infantile paralysis is relatively small and is definitely lower than to such communicable diseases as measles, scarlet fever and diphtheria. This fact in itself constitutes a measure of control, and while it does not justify the abatement of any practicable means which may be employed to limit and suppress the epidemic, it should tend to prevent a state of overanxiety and panic from taking hold of the community.

6. A percentage of persons, children particularly, die during the acute stage of the disease. This percentage varies from five in certain severe epidemics to twenty in others. The average death rate of many epidemics has been below 10 per cent. A reported high death rate may not be actual, but only apparent, since in every instance the death will be recorded, while many cases which recover may not be reported at all to the authorities.

7. Of those who survive a part make complete recoveries, in which no crippling whatever remains. This number is greater than is usually supposed, because it includes not only the relatively large number of slight or abortive cases, but also a considerable number of cases in which more or less of paralysis was present at one time. The disappearance of the paralysis may be rapid or gradual—may be complete in a few days or may require several weeks or months.

The remainder, and unfortunately not a small number, suffer some degree of permanent crippling. But even in this class the extent to which recovery from the paralysis may occur is very great. In many instances the residue of paralysis may be so small as not seriously to hamper the life activities of the individual; in others in whom it is greater it may be relieved or minimized by suitable orthopedic treatment.

But what it is imperative to keep in mind is that the re-

covery of paralyzed parts and the restoration of lost muscular power and function is a process which extends over a long period of time—that is, over months and even years. So that even a severely paralyzed child who has made little recovery of function by the time the acute stage of the disease is over may go on gaining for weeks, months, and even years until in the end he has regained a large part of his losses.

There exists at present no safe method of preventive inoculation or vaccination, and no practicable method of specific treatment.

NOTE.—At the same meeting Dr. S. J. Meltzer, of the Rockefeller Institute, recommended intraspinal injections of adrenalin as a possible cure for infantile paralysis. He said:

“On the basis of experiments conducted by our researchers I would advocate the treatment of all cases of infantile paralysis by intraspinal injections of a solution of adrenalin. Clinical experiments conducted at the institute by Dr. Clark and myself on monkeys artificially infected with infantile paralysis have produced encouraging results.”

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## *Editorial.*

### EPIDEMIC POLIOMYELITIS.

This scourge although not limited to, yet so much more prevalent in the period of childhood, still persists to an unpleasant degree in the great American metropolis, and has shown some slight degree of invasion of about ten or a dozen other States; however, at this writing, August 25th, the outlook seemed slightly improved, as the cases reported for the previous day in New York and Brooklyn numbered only 108, with 20 deaths. Since the beginning of the epidemic to the above date, this locality has had reported as many as 7,624 cases, with a total of 1,784 deaths. The climax of the disease was reached the week ending Saturday, August 19th, the total number of deaths for that week being 222, whereas there were 301 the week previous; and Dr. Haven Emerson, health commissioner for

the city, was more hopeful of the situation than he had been for weeks.

Both the secular and medical press have had much to say in the past few weeks, and the subject has been discussed by numerous writers and from various standpoints, and we take pleasure in placing before our readers in the "Selected" department of this number of the *Southern Practitioner*, the views of Dr. Simon Flexner, of the Rockefeller Institute, with a few other extracts from our exchanges giving the most acceptable views of the disease.

A very important conference was held in Washington during the month of August, at the suggestion of and under the direction of the U. S. Public Health Service, and with a warning that unless measures are found for its suppression, the so-called "infantile paralysis" epidemic may advance to States next summer that have so far not appreciably been affected, this national conference adjourned August 20th, after adopting recommendations for control of the plague, and naming a standing committee to study its causes.

Co-operation among federal, State and local health authorities toward curbing the epidemic was emphasized as imperative in resolutions adopted, and regulations were recommended to control travel from epidemic zones of children 16 years of age and under by issuance of uniform travel permits and notification of their destinations, but without an interstate quarantine.

Delegates to the conference included health officers from forty States, and many experts of the public health service expressed confidence that the two days' exchange of views upon all aspects of the baffling disease would result in vitalizing the campaign against it.

Assistant Surgeon-General Rucker, who presided over the conference, made the following statement:

"We have admitted frankly and freely to the public that we have something we don't know a great deal about, and the public sympathizes with our efforts to do whatever we can with the limited knowledge we have. We can't afford to leave any stone unturned.

"The great bulk of the traveling public, presumably not exposed, should not be hampered until we know which persons are actually disease carriers."

Dr. Glenn Andrews of Alabama said the conference was groping in the dark in promulgating even advisory suggestions.

"I'm going home and tell my folks that we don't know a thing about it," said Dr. Andrews.

In recommending restrictions of travel of children under 16 years from known epidemic areas, the conference expressed its belief that no more advanced step toward interstate quarantine measures should

be taken with the present limited knowledge of the methods of transmission.

The standing committee appointed consists of Surgeons C. H. Lavinder and Wade Frost, of the public health service; Dr. T. D. Tuttle, of Washington State; Dr. St. Clair Drake, of Illinois; and Dr. Oscar Dowling, of Louisiana.

They will collect and distribute information regarding the disease. The committee report recommending uniform methods of exchange of epidemic information was also adopted.

Representatives of railroads have requested a special conference with public health service officials to discuss co-operation in regulating the travel of children. Such a meeting we hope will be held at an early date.

In conclusion, we submit the following extract from a recent issue of *Public Health Reports*:—

"On the whole, the experimental evidence, taken alone, while not excluding other means of transmission, points to the conclusion that poliomyelitis is a contagious disease, spread from person to person through interchange of infectious secretions, the sources of infection being the clinically definite and clinically indefinite acute cases of poliomyelitis, convalescents, and passive human carriers."

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#### SOME KNOWN FACTS AS TO PLAGUE—THE BLACK DEATH.

It is a remarkable fact, confirmed by many observations, that many physicians who have devoted considerable labor to the study of a particular disease have themselves died of that disease. One of the most interesting examples is that of John Daniel Major, born August 16, 1634, in Breslau, a physician and naturalist of no mean ability. Bitten early by the wanderlust, he studied at Wittenburg, took courses at many of the schools in Germany, and finally went to Italy where he received the degree of doctor of medicine at Padua in 1660. Returning to his own country, he resided for a short time in Silesia, and in 1661 married at Wittenburg, Margaret Dorothy, a daughter of the celebrated Sennert. The following year, his young wife was stricken with plague and died after an illness of eight days. Distracted by his loss, Major wandered up and down Europe studying plague wherever he found it in the hope that he might discover a cure for the disease which had bereaved him. Spain, Germany, France and Russia were visited by him. He settled in 1665 in Kiel, where he was made professor of botany and the director of the botanical gardens. He made frequent voyages, however, always in quest of the remedy for plague. Finally in 1693, he was called to Stockholm to treat the

queen of Charles the Eleventh, then ill with plague. But before he could render her any service, he contracted the disease and died on the third of August.

The bubonic plague of to-day is identical with the black death of the Middle Ages. Primarily a disease of rodents caused by a short dumb-bell shaped microscopic vegetable, the pest bacillus, it occurs in man in three forms; the pneumonic, which has a death rate of almost 100 per cent; the septicaemic, which is nearly as fatal, and the bubonic in which even with the most modern methods of treatment the mortality is about 50 per cent. It is a disease of commerce, spreading around the globe in the body of the ship-borne rat. It is estimated that every case of human plague costs the municipality in which it occurs at least \$7,500. This does not take into account the enormous loss due to disastrous quarantines and the commercial paralysis which the fear of the disease so frequently produces.

The disease is now treated by a serum discovered through the genius of Yersin. This is used in much the same way as is diphtheria antitoxin.

Plague is transferred from the sick rodent to the well man by fleas. The sick rat has enormous numbers of plague bacilli in its blood. The blood is taken by the flea which, leaving the sick rat, seeks refuge and sustenance on the body of a human being to whom it transfers the infection.

Since plague is a disease of rodents and since it is carried from sick rodents to well men by rodent fleas, safety from the disease lies in the exclusion of rodents, not only exclusion from the habitation of man but also from the ports and cities of the world. Those who dwell in rat-proof surroundings take no plague. Not only should man dwell in rat-proof surroundings, but he should also live in rat-free surroundings. The day is past when the rodent served a useful purpose as the unpaid city scavenger. Rats will not come where there is no food for them. Municipal cleanliness may be regarded as a partial insurance against plague. The prayer that no plague come nigh our dwelling is best answered, however, by rat-proofing the habitations of man. Modern sanitary science has evolved a simple and efficient weapon against the pestilence which walketh in darkness and striketh at noonday, and the U. S. Public Health Service has put this knowledge into practical operation and thus speedily eradicated plague wherever it has appeared in the United States.

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#### BRIEF FOR HEALTH INSURANCE.

A death rate for American wage earners twice that of professional

men; the prevalence of high sickness rates; the need among workers of better medical care and of a systematic method of meeting the wage loss incident to sickness; and the necessity for more active work in the prevention of disease are the cornerstones of the case for compulsory health insurance presented in the brief just published in New York by the American Association for Labor Legislation. This situation, it is pointed out, cannot be met fully by existing agencies, and can only be properly remedied by a system of health insurance embracing all wage earners and dividing the cost among employee, employer and the State.

The great amount of sickness in the homes of the poor causes an average loss by each wage-earner of nine days a year, and involves annually a national wage loss of approximately \$500,000,000. Notwithstanding the greater prevalence of tuberculosis among wage-earners, their early susceptibility to the degenerative diseases of middle life, and the excessive death rate among the industrial population, workers often are unable to secure the medical attention they require. In Rochester, New York, it was found that 39 per cent of the sickness cases were not under a doctor's supervision; in a city like Boston, Massachusetts, one-fourth of the population, it is estimated, are unable to pay the fees of a private physician.

The lowered vitality and the poverty created by present day conditions it is claimed can only be checked by a system of health insurance, which for a small sum divided among employer, worker and State, will bring medical care to the wage-earner and his family, will assure for a maximum of 26 weeks in a year a weekly payment of two-thirds of wages during the breadwinner's illness and in addition, a small funeral benefit should he die. "Compulsory health insurance," concludes the brief, "is an economical means of providing adequately for the sick wage-earner, and will prove a mighty force for the inauguration of a comprehensive campaign for health conservation."

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#### UNITED STATES PUBLIC HEALTH SERVICE.

Congress has recently made an appropriation for 33 additional Assistant Surgeons in the United States Public Health Service. These officers are commissioned by the President, and confirmed by the Senate. The tenure of office is permanent, and successful candidates will immediately receive their commissions.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon. Passed assistant surgeons after twelve years' service are entitled to examination for promotion to the grade of surgeon.



Assistant surgeons receive \$2,000, passed assistant surgeons \$2,400, surgeons \$3,000, senior surgeons \$3,500, and assistant surgeon-generals \$4,000 a year. When quarters are not provided, commutation at the rate of \$30, \$40, and \$50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 percent in addition to the regular salary for every five years up to 40 percent after twenty years' service.

Examinations will be held every month or so in various cities, for the convenience of candidates taking the examination. Further information will be furnished by addressing the Surgeon-General, United States Public Health Service, Washington, D. C.

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**EVERY CLAIM ABUNDANTLY SUBSTANTIATED:**—The place Gray's Glycerine Tonic Comp. has held in practical therapeutics during the past twenty-five years points in no uncertain way to the results it has accomplished in the hands of competent physicians, men who are abundantly able to judge of its usefulness as a simple, reliable and remarkably effective remedy in the treatment of all phases of debility, inanition and malnutrition of functional origin.

During all this time no claims have ever been made concerning the efficacy of Gray's Glycerine Tonic Comp. that have not been founded on—and abundantly substantiated by—the unsolicited statements of competent medical observers. The present widespread use of Gray's Glycerine Tonic Comp. by thousands of skilled, conservative physicians all over the country is due entirely to their definite knowledge of its action and effects. In other words, its use has been based on experience and judgment, and it is on these grounds—and these alone—that the manufacturers of Gray's Glycerine Tonic Comp. expect medical men to use this product.

Results—and results alone—are the criterion of the worth of a remedy, and it is on the results that it has achieved in the hands of the earnest painstaking physicians of the country that the success of Gray's Glycerine Tonic Comp. has been built.

Have you some patient convalescing from some acute disease? Why not try Gray's. Send for samples to the Purdue Frederick Co., 135 Christopher St., New York.

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**TYPHOID PHYLACOGEN** in the opinion of many competent and experienced practitioners constitutes the best treatment for typhoid fever.

Typhoid fever, as is well known, is an acute infectious disease, due to the entrance into the body of the bacillus of Eberth, commonly designated the bacillus typhosus. And while this bacillus is recognized

as the specific cause it is conceded that complicating organisms, as the bacillus coli communis, the bacillus dysenteriae, the paracolon bacillus, the pneumococcus, the staphylococci and the streptococci, may play an appreciable part in the disease process.

In view of these facts, treatment with Typhoid Phylacogen would seem a rational procedure, this phylacogen consisting of a culture filtrate of the bacillus typhosus of Eberth and Mixed Infection phylacogen. In support of the treatment it is said that a marked effect in all favorable cases is the comparatively prompt subsidence of the fever and the early establishment of convalescence. It is also pointed out that, while shortening the disease-period, this therapy also simplifies treatment. It consists ordinarily of one injection a day and does away with ice, the bath-tub and supplementary attendants.

"In the treatment of typhoid fever, what is necessary?" asks a medical writer, who proceeds to answer his own question in this wise:

"1. Endeavor to cut short the course of the attack and to lessen the danger-period during which there is risk of complications.

"2. Meet any complication which may arise, and be ready with the indicated treatment in the event of such complications.

"3. Guard against the danger of relapse by prolonging treatment beyond the period of symptoms and by general supervision during convalescence.

"4. Demand rest in bed and a milk diet, with unsweetened lemonade or barley water.

"5. Combat the effects of the toxemia from the infecting organisms by administering Typhoid Phylacogen."

For the technique of administration, suggestions as to dosage, etc., physicians are referred to the pamphlet "Typhoid Phylacogen," issued by Parke, Davis & Co., a comprehensive booklet containing information that cannot fail to be of interest and value to any practitioner.

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THE COMMONEST OF HUMAN ILLS:—Probably the commonest single ill of modern mankind is what in lay parlance is termed dyspepsia, or in more scientific circles, gastric insufficiency, peptic deficiency, apepsia, and so on *ad libitum*. The actual condition—the result of abusing the stomach by improper food, irregular feeding, bad habits, etc.—is a marked decline in the secretory activity of the gastric glands. The symptoms are legion but well summed up by the patient when he speaks of his suffering as "stomach trouble."

Recognition of the true state of affairs leaves the physician but one course to follow, activation of the glands of the stomach. Bitter tonics, dilute acids and remedies galore have been used with varying

degrees of success, but the remedy that has proven most uniformly satisfactory in restoring functional activity of the gastric glands is Seng. This is a trustworthy tonic to the stomach, a true secernent, that may be relied upon to restore the physiologic activity of the glands and has overcome the distress and discomfort that make the gastric patient's life so miserable and burdensome. Have you some troublesome cases of gastric insufficiency? You will be highly gratified at the results you can obtain with this useful remedy. Write for a sample to Sultan Drug Co., St. Louis, Mo.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that has proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**BROMIDIA IN CHOREA AND EPILEPSY:**—In those common nervous disorders, chorea and epilepsy, which necessitate the long continued administration of the bromides, it has been found that in carefully chosen dosage *Bromidia* (Battle) exerts a splendid remedial effect. This is due, not to any special therapeutic charm possessed by *Bromidia*, but solely to its well balanced formula and carefully chosen constituents. Thus the purity of its individual components insures a more potent and definite therapeutic power than could be expected from equal quantities of similar drugs in whose choice less care had been shown. The administration of *Bromidia* in epilepsy reduces the force of the attacks and further lengthens the interval between them. The ease with which *Bromidia* is tolerated, owing to the purity of its contents, makes it possible to give it over long periods without the production of untoward symptoms, such as gastric distress, etc. This is a feature that makes *Bromidia* of great service in chorea and epilepsy and which has gained for it the high regard of a large part of the medical profession.

# Defective Elimination

readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise; thus *cause* and *effect* form a circle which must be broken by rational therapeutic treatment while proper hygienic conditions are being re-established.

## Cystogen-Aperient

(Granular Effervescent Salt)

performs a *double service* by stimulating to normal function and by disinfecting the intestinal and urinary tracts.

**Specially Indicated in the Treatment of Gouty Conditions and Auto-Intoxication of Self-Poisoning Diseases, Such as Pellagra, Typhoid, Etc.**

Cystogen-Aperient is not presented as a saline purgative, but as a rational therapeutic aid wherever treatment is based on elimination; it combines the *laxative and tonic* properties of Sodium Phosphate and Tartrate with the *diuretic urinary-antiseptic and solvent* action of Cystogen ( $C_6H_{12}N_4$ ).

FORMULA: { Cystogen gr. V.  
A teaspoonful Contains { Sod. Phos. gr. XXX.  
Sod. Tart. gr. XXV.

Dose: A teaspoonful in a glass of water t. i. d.

Samples on request.

CYSTOGEN CHEMICAL CO.

515 Olive Street, St. Louis, U. S. A.

## Itches,

Irritations, chafings, etc., are exasperating, but—

### K-Y Lubricating Jelly

quickly cools, soothes, and relieves. "Keeps the hands away, and doesn't grease the linen."

Sig: Wash off previous application before applying more.

Collapsible tubes, at druggists, 25c.

Samples and literature on request

VAN HORN AND SAWTELL  
15-17 East 40th Street, New York City



**For sympathy—the parson  
For advice—the lawyer  
For pain—the doctor**

and for the doctor's use,—

### K-Y ANALGESIC

which does not relieve every pain, but which is

**"A POWER FOR COMFORT"**

in a surprisingly great number of painful conditions, principally headache, neuralgia, and "rheumatic pain."

Where the physician does not wish to use a narcotic or a hypodermic, K-Y ANALGESIC, locally applied, will often be found sufficiently effective,—

**"A POWER FOR COMFORT"**

Greaseless, water-soluble, convenient, economical.

At druggists, collapsible tubes, 50c.  
Booklet and sample on request

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**Mellin's Food** is successfully used  
**in**  
**Summer Diarrhea** for it furnishes

immediately available nutrition well suited

**to spare the body-protein.**

**to prevent a rapid loss of weight.**

**to resist the activity of putrefactive bacteria.**

**to favor a retention of fluids and salts in the body tissues.**

**MELLIN'S FOOD COMPANY,**

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**REBUILT TYPEWRITERS  
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Our guarantee is good. We have maintained high  
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EASY TERMS

WRITE FOR  
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**TO-DAY**

**NASHVILLE,**

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**TENNESSEE**

THE MULTIPLICITY OF WOMEN'S COMPLAINTS is known of all physicians who have to do with women in their general practice. The physician knows, if they do not, that a great many of these symptoms arise from the same underlying cause, namely, a derangement of the functional activities of the generative organs, which may register itself in Amenorrhea, or in Menorrhagia, or in Dysmenorrhea, or what-not. What is needed is some remedy which will restore tone to the pelvic organs, and induce them to functionate normally. For many years *Hayden's Viburnum Compound* has enjoyed the reputation of accomplishing this desired result quickly, safely, and pleasantly. It consists of a skilfully combined series of remedies known to have a marked beneficial effect upon the uterus and its adnexa. Thousands of doctors throughout the country are using this established remedy, and testifying to its efficiency in this class of troubles. The successful and gratifying results obtained from the use of this excellent combination during more than thirty years, justifies us in commending it to our readers.

---

OVERCOMING HEPATIC ENGORGEMENT:—Active stimulation of the liver is often urgently needed in certain diseases—notably those of an auto-toxic nature, or characterized by faulty elimination—but not infrequently the efficiency of the remedy used is modified—or completely nullified—by the catharsis incidentally produced. In *Chionia*, a preparation of *Chionanthus Virginica*, the practitioner fortunately has an effective cholagogue that can be relied upon to increase the functional activity of the liver to a marked degree, without unduly stimulating the bowels.

*Chionia* is invaluable, therefore, for relieving hepatic engorgement, overcoming biliousness and promoting free elimination of the biliary products. In other words, the use of *Chionia* assures the restoration of hepatic efficiency, but unlike other cholagogues, without catharsis or purgation.

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WHERE ITS MAIN VIRTUE LIES:—If its main virtue lay in its palatability the popularity of *Cord. Ext. Ol. Morrhuæ Comp. (Hagee)* would have been but transitory for careful clinicians demand more than superficial qualities in the therapeutic agents they use, hence, one is justified in assuming that the reason why *Cord. Ext. Ol. Morrhuæ Comp. (Hagee)* has held favor with the profession all these years is to be found in the fact that it does everything expected of cod liver oil. And, in fact, it does too, for it contains all of the essential qualities of the oil subjected to a process that emphasizes their usefulness

when administered in indicated conditions. If palatability is a factor with you in choosing remedial agents then write Cord. Ext. Ol. Morrhuae Comp. (Hagee) when ordering a product of this character.

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PANOPEPTON as a food for the sick has the all-round qualities of perfection, from the standpoint of the food specialist, the physiological chemist, the physician.

The purpose of Panopepton is best realized when the patient is made to understand that it is not to be taken as a medicine, not diluted with water, perhaps impure water sometimes; not kept in a warm place, but taken cold, straight from the refrigerator, or after an instant's contact with clean cracked ice; or with very hot water like a consomme.

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STANOLIND LIQUID PARAFFIN does not deplete the patient's strength by irritating the delicate lining of the intestines and inducing undue peristaltic activity. On the contrary, it conserves strength by lubricating the entire alimentary canal, thus assisting in a more complete evacuation of the bowel content.

This important characteristic of Stanolind Liquid Paraffin is an eloquent illustration of its superiority over salines, aperient waters and purgative drugs, and is, for example, of signal importance in the cases of patients about to undergo an operation.

Stanolind Liquid Paraffin is a safe and dependable agent for continued internal administration.

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PRURITUS, CHAFINGS, AND IRRITATIONS have been relieved in so many instances by the use of *K-Y Lubricating Jelly* that we feel we owe it to our patrons to direct their attention to the usefulness of this product as a local application, *as well as* for surgical lubrication.

No claim is made that *K.Y Lubricating Jelly* will act with equal efficiency in every case; but you will secure such excellent results in the majority of instances that we believe you will continue its use as a matter of course.

It contains no grease to soil the clothing.

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PIL CASCARA COMP.—*Robins* is a well-balanced compound of Cascara, Podophylin, Colocynth and Hyoscyamus, put up in 1 gr. tablets (mild), and 4 grs. (strong).

They normalize peristaltic action instead of inhibiting, as so many evacuants and cathartics do.

They stimulate a flow of secretions, thus encouraging a normal

physiological evacuation. A trial will convince you—so send for samples and literature to A. H. Robins Co., Richmond, Va.

---

**THIRTY FEET OF TROUBLE** is often found in the intestinal canal; and Obstipation, Stasis and Autotoxemia claim many victims. Treatment to be efficient needs lubrication, which you can effectively secure by *Interol*.

It is of correct body, effective viscosity, hyper-refined, safe and free from flavor or odor.

Constipated and stasic patients can be greatly relieved by *Interol*, a safe and effective mineral oil.

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**IN CLINICAL RESULTS** nothing approaches *Antiphlogistine* applied *hot and thick*—in its *unique power* to relieve by osmosis and nerve stimulation, the congestion of inflammation; thus benignly assisting Nature in restoring *normal circulation*—the requisite for healthy cell-growth. Uniformly and consistently, it is the same reliable “Antidote for Inflammation—in Summer’s Heat or Winter’s Cold.”

---

**A SAFE SOPORIFIC IN NEURASTHENIA:**—The danger of prescribing the ordinary opiates and hypnotics in neurasthenia, particularly in females, would be sufficient reason for preferring *Pasadyne* (Daniel), even if it did not possess a distinctive therapeutic value and one which entitles it to a place in the foremost rank of calming agents. It frequently happens that the need for a reliable soothing product arises in the management of a neurasthenic, and when it does, no better choice than *Pasadyne* (Daniel). Samples may be had by addressing the laboratory of John B. Daniel, Inc., 34 Wall Street, Atlanta, Georgia.

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**PEPTENZYME:**—Anorexia—Or Loss of Appetite: Two teaspoonfuls of Peptenzyme Elixir before meals, with one drop of Fl. Ext. Capsicum.

Enterocolitis: Five grains of Peptenzyme Powder in conjunction with five grains each of Salol and Soda Bicarb. after meals.

Cholera Infantum: One-half a teaspoonful of Peptenzyme Elixir or two grains of Peptenzyme Powder hourly till relief.

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**THE PROPORTION OF MALTOSE AND DEXTRIN** in Mellin’s Food is that best suited to the Carbohydrate needs of the infant. *Mellin’s Food* was the first preparation of maltose and dextrins presented to physicians in serviceable form, and it stands to-day as a true representation of Liebig’s principles, which are now so generally applied to scientific infant feeding.



"PARALDEHYD" possesses many of the good without the evil qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd, (see ad. page 13 this issue), which is an elegant preparation.

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NOTWITHSTANDING THE GREATLY INCREASED PRICE for many drugs and pharmaceuticals, the reliable "stand-by," *Pepto-Mangan*, (*Gude*), is still sold at the old price. Furthermore, it still maintains its well-earned reputation for obtaining satisfactory results.

---

"I USED THE SAMPLES of Tongaline Liquid and Tongaline and Lithia Tablets for my wife, who was suffering from a severe attack of the grippe, with such success that she made a prompt and thorough recovery."

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"I am pleased to inform you that I have had wonderful success with Tongaline during our epidemic of grippe here in Boston."

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## Selections

THE TREATMENT OF INFANTILE PARALYSIS:—The present outbreak of acute anterior poliomyelitis in Greater New York has already attained alarming proportions and the occurrence of cases in various other localities would seem to show that our country is threatened by an epidemic of this still mysterious disease. That it is of infectious nature has been definitely established; that the virus enters the system chiefly by way of the mucous membranes of the nose and throat, especially the former, is also very probable. The fact that the morbid agent is contained in the nasal secretions and in the cerebro-spinal fluid, as demonstrated by experiments on monkeys, gives good basis for the hope that an effective immune serum will be discovered, and judging from recent statements made by Professor Flexner, the foremost investigator in this field, this hope may soon be a reality. At present, however, little if anything can be done to stay the progress of the inflammatory process in

the spinal cord and brain to prevent the resulting paralysis. The treatment in the pre-paralytic stage consists mainly in aiding nature to eliminate the virus by mild but thorough evacuation of the bowels and by urging the child to drink freely of water; in relieving pain and reducing fever by medication and baths; in maintaining as complete rest as possible in a comfortable position and in a quiet and darkened room. Perhaps, the intraspinal injection of adrenalin, as suggested by Meltzer, will help to arrest the inflammatory process. As soon as the paralysis sets in the progress of the muscular atrophy, which sometimes develops very rapidly, must be resisted with every means at our command. Much can be accomplished by electricity, massage, passive movements and graduated exercises in the prevention of future deformities and disability, but only in expert hands. There is no good reason why a month or two should be allowed to elapse before initiating their use, as recommended by some authors, for every day of delay may mean additional atrophy. Even in the early stage of paralysis marked benefit is said to be derived from the cautious application of mild high-frequency faradic and galvanic currents, supplemented by gentle massage in a warm bath, and in the chronic stage scientific electro-therapy has proved an efficient and indispensable adjunct to orthopedic procedures. In making this statement we are aware that it is not in accord with the views of some prominent orthopedic surgeons, but we also know that results can be obtained by an expert in electrotherapy which are unattainable by one not versed in its scientific application. There can be no question, however, as to the great value of massage, passive movements, resistance exercises, muscle training and re-education, to which should be added the therapeutic exercises performed before a mirror described by Frauenthal which represent muscle effort directed by mental concentration on the act. All these measures can be carried out properly only by a skilled masseur and an expert in physical culture under

the careful supervision of the orthopedic surgeon, for, as has been emphasized by Lovett, if the weakened, partially paralyzed muscles are over-exercised or subjected to strong and prolonged massage, the return of function may be delayed or total paralysis may result. Extreme care must also be exercised in the selection and application of splints, braces and other corrective and supportive apparatus, especially avoiding constriction and heavy and cumbersome appliances. It is only when non-surgical treatment has been patiently, persistently and thoroughly tried without any improvement of the paralysis, that operative procedures are to be considered. The reaction of degeneration is not always a reliable guide, and even muscles which have constantly failed to respond to electric currents have sometimes regained more or less power after a year or more. Brilliant results have been achieved by tendoplasty, the use of artificial tendons and ligaments, muscle transference, nerve grafting and transference, arthrodesis, etc., but in view of the predominance of partial over total paralysis of the muscles as shown by Lovett, all surgery is to be regarded as meddling which is resorted to before nature has been given every opportunity to repair the damage in the affected nerve centers.—*International Journal of Surgery*.

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**VINCENT'S METHOD OF PROPHYLAXIS IN INFANTILE PARALYSIS:**—Vincent of angina fame once published a thorough method of disinfection of the upper air and food passages which has been used extensively in the prophylaxis of cerebrospinal meningitis, grip, anginas, etc. Quite recently Coulomb applied it to 600 soldiers, each of whom rinsed his mouth and gargled his throat with iodized water or Labarraque's solution 50 to 1,000. Under a couple of days' use the daily number of anginas reported fell to zero. When cerebrospinal meningitis was epidemic and all other methods had failed to arrest the outbreak, that of Vincent was

applied intensively with great success. The particular antiseptic used is apparently less essential than the manner of using. Three times a day after meals a preliminary douching of the entire mucosa with 10 per cent. hydrogen peroxide was carried out. The tonsils and pharynx were afterwards painted with iodine 10 parts, potassium iodide 10 parts, and glycerin 300 parts. Further, three times a day each soldier inhaled the following: Iodin 20 gm., guaiacol 2 gm., thymic acid 0.25 gm., alcohol (60 per cent.) up to 200. The inhalation should last two minutes. At a later period the disease reappeared, and 107 suspects were isolated, 15 of whom were found to be meningococcus carriers. Vincent's method was used for four consecutive days and after two days of intermission the throats of all the men were found sterile, while not a case of meningitis had developed. These data are taken from an article by Lefas in *La Presse Medicale*, June 29. There is no mention of acute anterior poliomyelitis, but it would seem that the article ought to be timely in connection with the present local epidemic of the latter. The combination of douching, brush application, and inhalation should sterilize all ports of entry. On account of the tender age of most of the victims the method would perhaps have to be modified.—*Med. Rec.*

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**OPHTHALMIC SPARKS:**—In strabismus we must first correct the error of refraction and it may disappear. In a squinting child wait until the age of ten to fifteen years has been reached, when an advancement of the weak muscles and a tenotomy of the strong muscle can, in most cases, successfully straighten the eyes.

After an ophthalmoscopic examination, when we diagnose Bright's disease, we wish to know the blood pressure.

In glaucoma simplex we begin with doses of a myotic small enough to avoid creating a spasm of the ciliary muscle.

If one eye is affected with glaucoma simplex and the other

eye is free from the disease, the well eye should be systematically treated.

Do not prescribe any of the silver salts for home use, not even argyrol. Staining of the conjunctiva, and especially over the white sclera, is a real tragedy. We see these cases of argyrosis too frequently.

In searching for a foreign body first turn the upper lid, then putting it on the stretch by holding it firmly against the brow, insist that the patient continue to look down while you press the globe straight back into the orbit through the lower lid. The upper retrotarsal fold rolls down into view.

Auto-intoxication, high blood pressure and nasal inflammation interfere with the treatment of many cases of conjunctivitis and cause much discomfort in reading.

Cocaine dehydrates the corneal epithelium and it should not be given for home consumption, as it may be refilled ad infinitum.

No presbyope is normal because he is beginning to have old tissues.

Patients, as a rule, will say that they had rather be dead than blind, then the conservation of vision is more important than life.

Posey says the trephining operation in glaucoma has been relinquished as it appears to be a more dangerous procedure than iridectomy, on account of the opacification of the lens which follows in not a few cases, either immediately or remotely, after the operation. Infection follows sooner or later in many cases.

We have known of the disastrous results, if a patient with glaucoma is thought to be a sufferer from iritis, and atropine sulphate solution is instilled into the eyes, thereby increasing the tension and aiding the process which will destroy the eyes.

Sudden loss of sight may be due, among other things, to hemorrhage into the vitreous from the chorioid, especially

in adolescence, and rupture or embolism of a retinal or choroïdal disease, especially attacking the macula.

Von Gudden's evidence has long been accepted as proof of there being in the optic nerve special afferent fibers for the pupil reflex quite distinct from those which gave us sight, these fibers even being distinguished by the microscope.

The most important disease of the eye that the general practitioner should be familiar with is ophthalmia in the new born and which is responsible for 25 per cent of the blind, practically a preventable disease.

Every practitioner should be able to recognize an acute glaucoma, for in this disease early recognition means a cure, late recognition means blindness.—*P. J. Leonard, M.D., in Medical Herald.*

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EARLY DIAGNOSIS OF INTUSSUSCEPTION IN CHILDREN UNDER THREE YEARS OF AGE:—Dr. A. W. Abbott, of Minneapolis, at a recent meeting of the Western Medical Association, said as children under three years had too little intelligence to describe their symptoms, a knowledge of their clinical behavior was most important. Twelve children three years of age or under were observed, and the following conclusions reached: 1. A sudden violent abdominal pain, accompanied by a regurgitation of its stomach contents, in a child otherwise well, initiated the attack in 100 per cent of the cases. 2. Recurring pains, varying in intensity, but regular in periodicity, accompanied by the assumption of peculiar positions, generally the prone, in those strong enough to move about, occurred in 100 per cent of those noted. In cases beginning in collapse, twenty-five per cent, these periodical pains were often indicated only by regularly repeated moans and drawing up of the limbs. 3. An abdominal tumor could be made out somewhere in the course of the colon in ninety-two per cent. 4. The stools did not contain feces in ninety-one per cent. 5. Mucous stools are

recorded in eighty-three per cent. 6. The foregoing indications should strongly suggest intussusception within forty-eight hours of the attack. 7. Blood in the stools added to this certainty of diagnosis, but it might be absent in seventy-seven per cent until after the second day. 8. Instead of distention, they might expect a flaccid, scaphoid abdomen. 9. Recurring vomiting was not usually one of the earliest symptoms, being absent in eighty-one per cent until the second day, or later in some cases, and in exceptional cases there was no vomiting. 10. Positive identification of the intussusception by the finger in the rectum was pathognomonic, but might be demonstrable in only forty-five per cent. 11. The virulence of the disease and its mortality depended not so much upon the time elapsed before operation as upon the intensity of the strangulation of the mesenteric circulation. These observations were supported by the following mortality account: Of the twelve cases, eight ended in recovery, four being fatal. Of the non-collapsing cases, eight ended well, and one was fatal. Of those beginning in collapse, one terminated in recovery, and three were fatal. To protect all cases, the earliest possible diagnosis and operation were imperative.—*New York Medical Journal*.

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**TWILIGHT SLEEP AGAIN:**—Little has been heard recently of that form of amnesic analgesia known as twilight sleep. It is only a few months ago when it was a fruitful theme for discussion, not only in medical journals but in the lay press. At first it was heralded, chiefly in magazines, as one of the most beneficent procedures ever introduced and its good features were so lauded out of all proportion that it was difficult to take an unprejudiced view of its distinctive points. However, one is able now to consider the method judiciously and to pass upon the drawbacks or merits in a sane manner. In *Surgery, Gynecology and Obstetrics* for June, Dr. Charles B. Reed has a paper on the subject in

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**Editor and Proprietor.**

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which he reviews his experiences in the use of the method. He states that from observation of cases treated by himself and others the belief has been reached that the morphine-scopolamine analgesia is entirely harmless to both mother and child when properly administered. He regards the treatment as successful in his hands, since 29 per cent of his cases were practically, and 56 per cent entirely, free from pain, or 85 per cent in all. The strength is conserved and the convalescent period shortened. Whether or not the woman gets up earlier is a question of uterine involution rather than one of days or strength or treatment. The main thing is that she feels better much sooner. It is Reed's opinion that primary pain, weakness, hemorrhage, prolapsed cord, and a lack of correlation between the size of the pelvis and the child make conditions that are unfavorable for twilight sleep. He does not believe that twilight sleep can be produced in every case, but it does no harm, he says, when properly used and he is convinced it will act happily in about 85 per cent of the cases selected with due regard to contraindications. He regards it as a valuable and permanent addition to the resources of the obstetrician, and says that much of the antagonism to it arises from an inability or an unwillingness to bestow upon a woman in labor the unremitting attention and the higher technical proficiency which these cases demand. The above is interesting testimony in favor of a mode of overcoming some of the unpleasant features, notably pain, of parturition, and is not altogether in harmony with the experiences of many other observers.—*Medical Record*.

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FANCY-WORK FOR SURGEONS:—Who of us has not sat admiring the deft way in which a wife or sister or one who has not promised as yet to be either makes a needle fly back and forth through a piece of linen until the line of stitches seems actually to grow under our eyes by leaps and bounds? And then we have contrasted mentally the surgeon at the

next operation we witness, excellent workman though he may be, watching him crunch down upon a needle with a needle holder, push a needle the size of a darning needle through the tissues, release the needle-holder, seize the needle again on the other side and so on, wishing that a little of the seamstress's dexterity might be communicated to him. Or perhaps we are surgeons ourselves and have often wondered what an efficient expert would say to the countless lost motions in the sewing up of an abdomen.

And yet the answer is easy. Simply a course in sewing, plain and fancy, but above all a few lessons in the correct way to use a thimble. Sit at the feet of some good housewife and learn the fundamentals. Dr. Edward Harrison, in an article in the *British Medical Journal* for May 6, gives this excellent advice, illustrating by his own experience. He began six or seven years ago to learn to sew with a thimble and gradually advanced until he was able to hem a fine cambric handkerchief accurately and fairly rapidly. Applying this accomplishment to his surgery, he found his needle much more easily directed and managed almost entirely with one hand, leaving the other free to expedite the work in some other way. Dr. Harrison found that he could use a straight needle for many kinds of suturing where it was generally supposed only a curved one could be used.

In these days when our patients, especially those who affect decollete, demand the invisible scar and other cosmetic results of operations, the suturing of the wound plays a much greater part than it did years ago, and a suggestion such as that of Dr. Harrison is worthy of serious attention, in spite of the smile it may evoke at first. Let us not forget also that the beneficent effect of the operation itself may in some cases depend almost entirely on the skill with which the parts are approximated and not neglect anything which might enhance that skill.—*Medical Record*.

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#### THE PHENOL TREATMENT OF CARBUNCLES AND HEMOR-

**RHODS:**—As a practitioner who has treated carbuncles with pure carbolic acid for twenty-seven years and hemorrhoids for twenty-two years, I feel justified in expressing an opinion based on a large clinical experience concerning the efficiency of this method of curing these two troublesome and at times dangerous conditions. As to the carbuncles when they have already ulcerated there is no need for further operative treatment. When the skin is intact a free crucial incision should be made after a preliminary anesthesia. Through this incision or the ulcerated opening pure carbolic acid should be thoroughly applied, the raw and granulating surfaces having previously been dried. The pure phenol is held in solution by heat. Every part of the ulcer should be saturated. The skin overlying the swelling should also be painted, precautions being taken that the acid does not run over the healthy surfaces. This treatment is repeated daily for five or six days. The results are at times amazing. After five or six days there is found a healthy, healing granulating surface which goes on to rapid cicatrization, far more rapid than that which follows the use of the curette. As for dressing, a little vaselin placed on gauze and held in place by cotton-batting and a bandage is adequate.

The treatment as applied to hemorrhoids is exceedingly simple. The parts are cleansed and painted lightly with pure phenol, a 10 per cent cocaine or novocaine solution with adrenalin having previously been applied. After being painted the tissues are coated with vaselin, which is also spread over the surrounding skin. Cotton-batting is applied over the parts and held in place by a T-binder.—*Robert W. Skipper, Lovelady, Texas.*—*Correspondence, Therapeutic Gazette for May.*

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**SPLEEN EXTRACT:** Henry R. Harrower, in the *Medical Record* for June 3, writes upon the therapeutic value of spleen extract. Aside from the experiences which have time

and again verified his position as to its use, two circumstances have established his confidence in this method of treatment—the fact that the extract of spleen not only has an effect when given by the mouth, but also that this effect is quite often a salutary one in conditions of anemia, splenic disease and tuberculosis. C. R. Carpenter has been using it for over fifteen years, and it has become a routine procedure to use this preparation when it is necessary to enhance the resistance to infection, increase leucocytosis, or augment the activity of the spleen, particularly in definite disease of this organ, and in malaria, especially the chronic forms. Rogers has shown that the most important controllable factor in kala-azar is a chronic infection which after prolonged illness predisposes to secondary infections and permits them to become rapidly fatal. From a laboratory standpoint there is a pronounced leucopenia, and the resistance to common infections is unusually low, and when they are present there is no response by the body evidenced by leucocytosis and usual reaction to bacterial invasion. It must be recalled that kala-azar is an “extremely fatal disease,” but Rogers concludes that “on the whole, spleen may be regarded as of distinct use in its treatment, and may readily be given in combination with other treatment.” Harrower is convinced that there is a greater field for spleen organotherapy in many conditions of anemia, malnutrition, poor resistance to infection, with or without marked leucopenia, malaria, and possibly typhoid fever. It is of distinct use and may be added advantageously to the present treatment of many cases of tuberculosis, malnutrition and other diseases in which its physiological effects are indicated.

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**TONSILITIS AND RHEUMATISM:**—From the fact that tonsillitis often occurs as a precursor of acute arthritis, that it is occasionally undoubtedly followed by acute endocarditis, and is sometimes benefited by the administration of salicylates, many are inclined to regard it as of rheumatic origin in

many cases. Dr. Packard of Philadelphia, in a recent article in the *American Journal of the Medical Sciences*, reports several cases of endocarditis and arthritis complicating acute angina. He is disposed to regard these complications not as manifestations of acute rheumatism, but rather as cases of irritation of serous surfaces by germs or their toxins which enter the general circulation from the inflamed tonsils. He cites a case of endocarditis which died of broncho-pneumonia, reported by Charrin, in which at autopsy the staphylococcus pyogenes aureus was found both in the tonsils and in the vegetations on the valves of the pulmonary artery. In most cases of endocarditis associated with tonsillitis reported, Packard was unable to find any evidence of articular trouble preceding the attack and in some cases he knew the heart to have been normal previous to it. If we designate these cases rheumatism it is apparent that tonsillitis stands as a cause rather than as an effect of the former disease. Indeed this latter view is consistent with the so-called germ-hypothesis as to the origin of acute articular rheumatism in contradistinction to the metabolic and nervous hypotheses. This might lead us to the view that acute rheumatism is not due to one specific organism, but is rather a form of septic intoxication or septic infection due to the absorption of the products of several species of micro-organisms or the absorption of the germs themselves in some cases. That angina is not always present in rheumatism is true, but the same process of inflammation and absorption may possibly go on elsewhere—in the gastrointestinal tract, for instance.—*Pediatrics*.

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THE YOUTHFULNESS OF AUTHORS:—"William Dean Howells, who has seventy titles of published works to his credit, celebrated his seventy-ninth birthday in March by publishing in *The Century* the first installment of his latest novel, 'The Leatherstocking God.' One of a sturdy generation of

writers and editors. In the same month Mrs. Amelia Barr, who has upward of sixty novels on her list, reached eighty-five; ex-President Charles W. Eliot, eighty-two; in April, John Burroughs, essayist, passed the seventy-ninth milestone. Colonel Henry Watterson of the *Louisville Courier-Journal* is seventy-six; Henry Mills Alden, editor of *Harpers's*, is two months the junior of Mr. Howells; Dr. Lyman Abbott, editor of *The Outlook*, is a little past eighty-one; and William Hayes Ward of *The Independent* is seventy-nine. One of last year's best sellers was a novel by George W. Cable, who is seventy-one. Hamilton Wright Mabie joins the septuagenarians in December. Our vigorous elders in the writing game apparently never give venerability a thought; they are all too busy. Mr. Alden is one of the keenest, most alert, and energetic of American editors; Colonel Watterson, well past his 'three score and ten,' is a very Ty Cobb of editorial writers; and Mr. Howells can match the best of our novelists in vigor of style and in humor. These men and their contemporaries ask no favors of youth. Truly a sturdy generation!"—*From the July Century*.

(QUERY:—Then why should not this pencil pusher keep kicking, although he has passed his 76th annual mile-stone? —*Ed. S. P.*)

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OLSER THEORY IS SHATTERED BY RECORDS OF EUROPEAN WAR HEROES:—One often wonders what would have been the effect upon the European war if the various powers had been in the habit of retiring their high army officers at the age limit set in the United States—64. Would the younger men have been able to better adapt themselves to the new conditions of warfare? Would they have had, ready to hand, some strategic and tactical moves for either preventing the present wasteful condition of affairs or solving the stalemate that now threatens to keep the armies of France, England,

Belgium and Germany in their present positions until the milkman comes along?

Field Marshal Von Hindenburg, the one man who has made a really big reputation out of the war to date, is 67 years of age, and was called from retirement by the Kaiser to oppose the Russians when they made their first dash into East Prussia. Von Kluck—"Old 1 o'clock," as he is called by the English Tommies—whose retreat from the Marne is declared by French and English to have been one of the finest feats in the history of war—is approaching 69, while General Julius von Moltke, chief of the great staff of the German army, is 66.

General Joffre is almost 70, and General Pau, the one-armed commander, from whom much is expected, was born about the same time. Kitchener is 66 and Soukominoff, who reorganized the shattered legions of the Czar after the Russo-Japanese war, recently celebrated his sixty-eighth birthday—*Pacific Medical Journal*.

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**EXOPHTHALMIC GOITRE.**—W. H. B. Aikins, in the *N. Y. Med. Jour.*, July 8th, ult., reports five cases which serve as examples of the benefit to be derived from the use of radium rays in exophthalmic goitre. He states that his clinical experience shows that, when applied over the thyroid, the more penetrating radium rays diminish the vascularity and reduce the secretion of the gland. It possesses two definite advantages as compared with the x-rays; these are, the possibility of giving definite doses, and the fact that it can be applied without noise or excitement, while the patient remains in bed. In view of the fact that injury to the nervous system is an important factor in the etiology of exophthalmic goitre, and as a rule symptoms referable to it predominate in the clinical picture, it follows that one of the essential objects in treatment is to endeavor to relieve these nervous symptoms and that therefore psychotherapy



plays an important role and consequently physicians who have not had much experience in treating neurotic and neurasthenic people should refrain from undertaking the medical treatment of cases of this kind.

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**PROGNOSTIC SIGNIFICANCE OF THE URINE IN PUERPERAL INFECTION:**—Schaefer states that after the temperature becomes high in puerperal infection the urine will be found of high specific gravity, dark colored and containing in solution indican and ethereal sulphates. If we can cause the disappearance from the body of all the phenol derivatives, the prognosis should improve. Catharsis and diuresis are indicated, and the density of the urine may be brought down below 1015. A low density, when associated with high temperature, is in itself a good prognostic, and the eliminant treatment will not be required. The obstetrical or rather surgical management, of course, goes ahead as usual, but the author believes that the bacillus coli communis plays a great role as a determining cause, and that intestinal hygiene and sanitation must be guaranteed in all puerperal disorders.—*The Medical Fortnightly and Laboratory News.*

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**PHYSICIANS AND DRUGGISTS IN U. S.:**—There is a drug store for every 2,000 inhabitants in the United States and a physician for every 667 inhabitants, according to a directory census of the drug trade just completed by the *Pharmaceutical Era*. The *Era* finds that there are 46,561 retail druggists located in 15,937 cities and towns, and it also finds that there are 280 drug jobbing houses, including twelve that are owned by retail druggists on a co-operative plan. On the basis of these figures there are 165 retail drug stores for every wholesale drug house. The number of physicians in the United States is estimated at 150,000, making an average of one drug store for every three physicians.—*Indianapolis Med. Jour.*

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## *Original Communications.*

### CASES OF DUODENAL ULCER, ACTINOMYCOSIS, FEMORAL ANEURYSM AND FACIAL NEU- RALGIA, WITH REMARKS.\*

BY WILLIAM D. HAGGARD, M.D., F.A.C.S.,

*Professor of Surgery and Clinical Surgery, Vanderbilt University;  
Chairman Section on Surgery, A. M. A.; Surgeon to  
St. Thomas Hospital, Nashville, Tenn.*

DUODENAL ULCER is the cause of the majority of cases of painful indigestion in middle life. It occurs twice as often in men as in women. It is three times as frequent as gastric ulcer. The symptoms are clear cut and constitute one of the most unmistakable syndromes in medicine. The diagnosis could almost be made over the telephone. It is one of the few diseases where the history is quite conclusive and the physical signs are often negative. There are three uniform tell-tale symptoms. First,—the pain comes on three or four hours after eating and lasts until the next meal. It appears closer to the coming meal than the one which it follows. It is therefore called a hunger pain. It is regularly relieved by eating and is also relieved by the

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\*Read at the meeting of the Upper Cumberland Medical Society at Monterey, May, 1916.



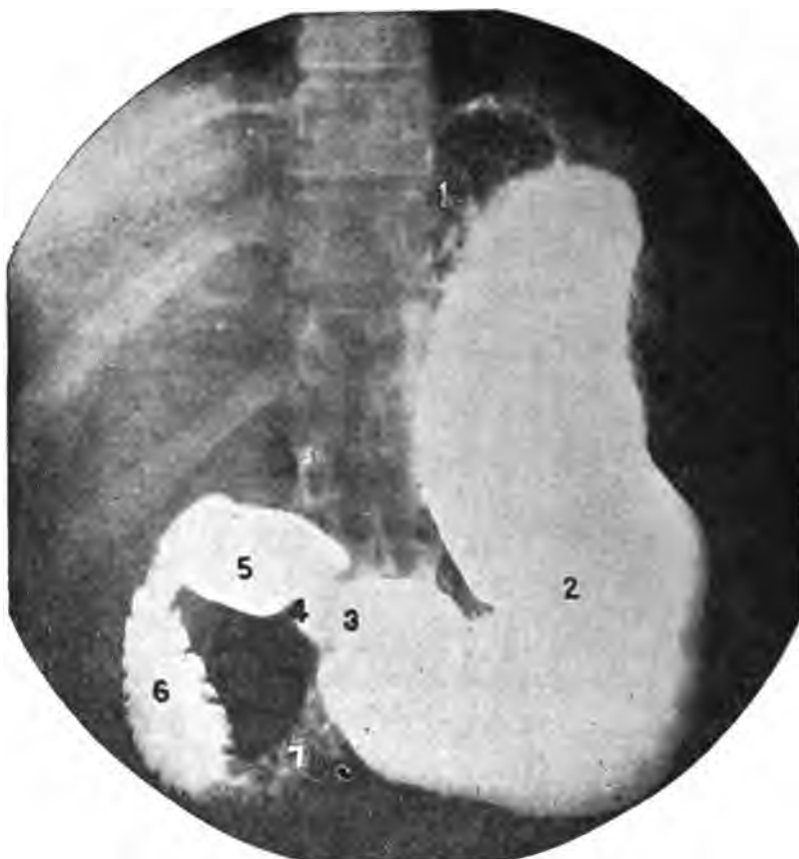


FIG. I. Normal Stomach and Duodenum:—1. Cardia; 2. Pars media; 3. Antrum; 4. Pylorus; 5. Duodenal cap; 6. Descending portion duodenum. (*After George & Leonard.*)

taking of alkalies. Second,—the pain frequently wakes the patient about twelve or one o'clock at night. Taking a glass of milk or water, or eating a biscuit promptly relieves it. Sometimes a man will put a cracker or a biscuit near his bed to get food-ease at night. Third,—the attacks of pain occur in spells, lasting a few weeks, with an interval then of relief. These spells seem to come preferably in the spring and fall.



FIG. II. A. Filling defect of duodenum due to ulcer. B. Mucosal defect. C. Incisura opposite site of ulcer. (After George & Leonard.)

Nausea and vomiting are present in nearly 80%. Blood in the vomit or in the stool occurs in about 18%. Epigastric tenderness in about 40%. A test meal always shows the acids to be higher than normal. The X-ray is very valuable. It shows the partial absence of the clearly outlined duodenal cap; a filling defect with a barium meal; and, as a rule, hyperperistalsis, particularly if there is any obstruction. It can make the diagnosis in a considerable proportion of cases.

Chronic, recurrent, duodenal ulcer is very amenable to surgical cure. Gastroenterostomy by sidetracking the cor-

rosive stomach acids from the ulcerated duodenum to the alkaline jejunum, allows the ulcer to heal. In certain favorably situated ulcers they may be excised. If it is not surgically cured it is very prone to perforate in the peritoneal cavity with severe peritonitis which is only halted by prompt operative closure and drainage.

Duodenal ulcer is very chronic, lasting for many years with oft-repeated recurrences. The mortality of gastroenterostomy is only one or two percent. The curative results are very satisfactory and permanent. Many of our cases have been operated on ten, twelve and fourteen years ago without return of stomach symptoms.

The following case is rather a typical example of duodenal ulcer:—

A clergyman 59 years of age has been having epigastric pain for some years. The pain was more of a colicky character, starting in the region of the upper right quadrant of the abdomen. The pain seemed to come in spells, lasting several months at a time, then going away for about the same period, only to recur again and again. The pain would begin after the stomach had emptied itself,—that is about one or two hours before the next meal. Immediately after eating the pain was relieved. For this pain the patient had taken large quantities of bicarbonate of soda. About a year ago while in Florida, he was put to bed and given the so-called ulcer treatment, of light diet for four weeks. After this treatment he was free of any pain whatever for four months. It has recurred, however, and he has had more trouble during the past winter than ever before. When the spells come on they usually last for two or three months and this winter were longer than hitherto. He has pain at night coming on at one and two o'clock. It does not occur, however, every night. For this pain he takes phosphate of soda or bicarbonate of soda for relief. He also had the typical pain now coming on every day about eleven or twelve o'clock. He has never had any soreness until recently. Four years

ago he was operated on elsewhere with a diagnosis of gall stones, but no stones were found. The duodenum was evidently not examined. The gall bladder was drained, however, but in two weeks the pain came back and has continued during the last four years, as it did the preceding four years. He has never had any vomiting, or nausea. There was no blood by the bowel and he has vomited no blood. He has had no serious illness in his life.

The test meal and gastric analysis shows the acids to be as follows: Combined acids, 60; free HCl, 44.

The X-ray of the barium meal showed a very characteristic deformity of the duodenum. (Fig. II.)

He was submitted to operation and on the first portion of the duodenum, an inch and a half beyond the pylorus, was seen a puckered area larger than a five-cent piece that was covered with thin blood-vessels. Upon sponging, the reddish color became mottled. This is called the "stippling sign." The area was hard and indurated and had every evidence of a long continued existence.

A gastroenterostomy by the short or no-loop method was made and an opening into the posterior wall of the stomach just as it lay normally over the jejunum was anastomosed with the jejunum, after the transverse meso-colon had been opened. It gave him very satisfactory relief primarily, and for nine months he has for the first time in eight years been continuously free of stomach symptoms.

**ACTINOMYCOSIS:**—A strong, robust, florid, healthy man of fifty years had a hard indurated, brawny mass of the left parotid region of about six weeks' duration. This followed with a molar tooth trouble, a root on the upper left side of the jaw. There has been very little pain, but the induration has increased until now it is extremely hard. Three weeks ago he had some roots removed on the left side above but the swelling has not improved. There has been no fever, no discharge from the mouth and he has been otherwise well. The mouth cannot be opened enough to insert the finger. Under ether anaesthesia, however, the mouth was



opened widely and a thorough search made for suspected teeth that may have originated the infection. None, however, were found sufficient to cause any trouble and the conclusion was entertained that it possibly might be sarcoma. An X-ray exposure was given him the next day. In about two weeks he returned with a number of sinuses in the region of the left parotid and actinomycosis was at once suspected. Some of the material placed under the microscope showed the typical ray fungus. Some little yellow, sulphur-like particles were observed which felt gritty under the finger. Under nitrous oxid anesthesia the sinuses were curetted thoroughly and painted with carbolic acid and packed widely open with iodoform gauze. He was then put upon sulphate of copper one-fourth of a grain in pill form three times a day and the sinuses were washed out frequently with a one percent copper solution. This is based upon the well known agricultural treatment of infected grain and actinomycosis originating presumably from infected grain or straw.

This disease is well known as the "lumpy jaw" or swelled head of cattle, and has of course the same etiology. The veterinarians say that any case of actinomycosis of the superficial part of the body can be cured with sufficient doses of the iodide of potash. The trouble is that the potash is so expensive in amounts to cure the animal that it costs more than the animal is worth. In the human being, however, large doses of iodide of potash should be administered frequently and continuously. The X-ray is said to be especially efficacious in the treatment of this disease and, therefore, this man is having radiation once a month.

While these cases are relatively rare, they should be suspected when any indurated area is followed by multiple sinuses perforating through bluish, discolored swellings. Indurations often fade into cordlike areas that are very suggestive of this disease. Before the multiple sinus formation occurs sarcoma is often suspected as was done in this

case. In obtaining material from the sinus for investigation it must be done as soon as it is opened, if possible, as the ray fungus is difficult to demonstrate and does not live long, except, of course, in the particles of tissue itself.

This patient is now entirely cured and little scarring followed the sinus formation and operations upon them.

**FEMORAL ANEURYSM:**—A physician's son sixteen years of age was accidentally shot through the left thigh with a 22 rifle ball on the 20th of August, 1914. The ball entered the inner side of the thigh about three inches below the pubic bone, coming out behind. The hemorrhage was very profuse, but with the assistance of his comrade with whom he was hunting, they (both being Boy Scouts) put on a temporary Spanish windlass, which effectually stopped the hemorrhage until he could be brought to the city. This was allowed to remain on nearly two hours, and after taking it off the toes were perfectly white, and this blanching extended half way up the leg. At the end of an hour, after the tourniquet had been removed, this cleared up. Two weeks later he was up and walking around, but he noticed that his foot and leg were considerably swollen and that he had a very peculiar and painful sensation in the entire thigh.

The leg is an inch and a half larger than its fellow and the veins and arteries in the thigh can be plainly felt to pulsate with a peculiar thrill, like the purring of a cat's back. The bruit is extremely perceptible, very loud and heard by the stethoscope plainly by all who attempted it. It ceased when pressure was made on the orifice of the communication. This is known as Vanzetti's Sign. The bullet had evidently penetrated both the femoral artery and vein, making an agglutination and adhesion of the artery and vein, forming a fistulous anasomosis through which the arterial blood entered the vein distending it enormously and thus forming the typical aneurysmal varix.

On account of the youth of the patient, the swelling of his leg, the pain, and the possibilities of future trouble an

operative effort was deemed advisable. Accordingly, with the assistance of Dr. Robert Caldwell, who attended the patient primarily, the operation was performed at St. Thomas' Hospital March 10, 1916. It was a most difficult and extensive operation, requiring over two hours. A long incision was made along the course of the femoral vessels, from Poupart's ligament to Hunter's canal. The artery was somewhat dilated and the vein was enormously distended from the influx of arterial blood, through its easily dilated and unresisting walls. There was considerable difficulty in mobilizing the artery and vein, especially near the site of the anastomosis. When the vein was lifted out of its bed the very small tributaries which had increased to very considerable proportions were easily and unavoidably torn off and bled profusely. Being underneath the vein they were very difficult of access and extremely hard to ligate. It was first intended to open the vein and to sew the anastomotic opening from the inside, around the margin of the opening, and then to reclose the incision into the vein. A clamp was placed for temporary hemostasis above and below the aneurysmal orifice, both on the artery and the vein, and with considerable difficulty the vein was separated from the artery and the fistula cut in two. This obviated the necessity of the operation which had been contemplated, that is the intra-saccular, reconstructive and restorative aneurysmorrhaphy of Matas. Inasmuch as there was no intermediate sac of communication between the two vessels, it was unnecessary to resort to this procedure and a straightforward suture of the opening into the artery and the vein was then performed. By the use of very fine paraffined Japan silk on a very fine No. 16 arterial needle the openings were carefully closed first by a continuous suture, supplemented by interrupted sutures. When this was completed the artery and vein being restored, lay side by side without any enlargement and of normal appearance. The fibrous envelope was then closed over the sutured area. The patient stood the operation well and from the beginning there

was no interference with the circulation and the warmth of the limb.

The principal danger in operations for aneurysm is gangrene. Of 63 traumatic aneurysms in the South African war 33, or 58%, were of this type;—that is the arterio-venous form. Twenty-seven were ligated and one had a primary amputation. Nine of those which were ligated resulted in gangrene which was thirty-three percent.

Our patient left the hospital on the twelfth day. The disastrous East Nashville fire occurred the next day. His house was in the first block that burned. Although then confined to his room, he got in an automobile and drove it himself, conveying his mother and a few hurriedly collected household effects to a point of safety in another part of the city. He used his good leg for the clutch, but had no use for the brake in his haste he said. Fortunately no bad consequences ensued from this necessarily indiscrete act and the patient has since been entirely and completely well.

This operation has been performed and reported by several surgeons:—viz., "Zoege von Manteuffel (1895), femoral vessels; Cammaggio (1898), femoral vessels; Gerard Marchant (1898), brachial suture; Penguez, of Amiens (1900), who operated at the bend of the elbow, suturing the artery and ligating the vein; Matas, of New Orleans (1902), who sutured the subclavian vein and was compelled to ligate the artery on each side of the anastomosis; Koerte (1904), who detached a popliteal varix and sutured each vessel separately; Oliver, of Uruguay (1904), who sutured the femoral vessels separately; J. A. Danna, of New Orleans (1905), who sutured the femoral vessels separately; Garre, of Leipsic (1906), who extirpated a large sac, ligated the vein, and restored the continuity of the artery by lateral suture; again by Matas (1907, unpublished), who restored both vessels in Hunter's canal by lateral arteriorrhaphy and phleborrhaphy." (Keen's Surgery Vol. V.)

**FACIAL NEURALGIA:**—Tic douloureux is a very common

and intractable malady. It occurs after middle life and is often associated with anemia. There are many local causes in the teeth and sinuses of the face, which should be corrected. Any dyscrasia should be investigated and every abnormality removed. After all of the local and constitutional conditions are eliminated a considerable number continue to suffer and many of them excruciatingly. The trigeminal nerve in one of its three branches is the offender and the pain is usually confined sharply to the distribution of the ophthalmic, superior or inferior maxillary. Originating in the Gasserian ganglion it sometimes extends over all three branches of the fifth nerve. A touch, a draft, eating or the most insignificant cause may set up a terrible paroxysm. The paroxysms often get closer together and last longer. Patients have often suicided from the intolerable agony.

If local and constitutional treatment fail, deep injections of alcohol to the base of the skull into one of the foramina, through which the affected nerve emerges from the brain, is about the most satisfactory treatment. The alcohol causes a degeneration of the nerve and stoppage of painful conduction. It is very much simpler than removal of the Gasserian ganglion, which is one of the most formidable operations in surgery. Simple division of the nerve trunks peripherally, while giving some relief, does not always prevent regeneration and reunion of the nerve.

The third division of the trifacial is probably the most frequently involved. It can be reached through the foramen ovale with a special graduated needle with canula for injection. It can be done without anaesthesia, and does not confine the patient afterward. The needle should be inserted 2.5 centimeters in front of the external auditory meatus, immediately under the zygoma and introduced straight in, to the depth of 4 centimeters, as measured on the needle, and the point should be at the foramen ovale. About 2 cc. of an 80% solution of alcohol is then injected. This injection can be repeated several times, if necessary. The fol-

lowing case herewith recorded is an illustration of the results of this method:—

A fleshy, healthy woman of seventy-six came complaining severely for three years with severe, sudden, sharp and continuous pain on the left side of the face, beginning about and in front of the left ear, running downward to the left chin and cheek under the nose and especially on the left lip, back to the median line. The pain, however, has never extended to the right side. These attacks, which are very severe, come on at intervals of a few days to a few weeks. They last for various periods of time without any special relief. For the past two or three weeks they have been worse than ever. She has taken aspirin, codein and a few doses of morphine, which have been required recently for the control of the pain. There is some pain constantly, but the attacks come on severely every week or two and last from one to two days. Her general health is good and there is no evidence or any explanation for her neuralgia. The teeth on both the upper and lower jaws have been removed, there is no sinus disease, or constitutional disorder. Her blood pressure systolic is 145, diastolic 90. The urine is normal.

This is a typical example of leftsided facial neuralgia of the third, or inferior maxillary division of the fifth nerve. This nerve comes out through the foramen ovale and it is this point that the injection was made in this case, requiring only two injections of an 80% solution of alcohol to give entire and permanent relief.

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AMERICAN PROCTOLOGIC SOCIETY:—ABSTRACT  
OF PAPERS.

*Eighteenth Annual Meeting, held at Detroit, Mich., June 11  
and 12, 1916*

The President, T. Chittenden Hill, M.D., Boston, Mass.,  
in the chair.

WHY PROCTOLOGY HAS BEEN MADE A SPECIALTY:—By T.  
Chittenden Hill, M.D., of Boston, Mass.—In this address

Dr. Hill called particular attention to the inadequate treatment that rectal fistula receives at the hands of the general surgeon. He claims that the general surgeon "has never taken the pains to learn the underlying principles of a fistula operation, nor has he the requisite skill, experience or inclination to carry out the necessary steps in the post-operative treatment of these cases, to bring them to a successful conclusion."

While in London there are two hospitals devoted to the exclusive treatment of disease of the rectum, Hill feels that better results can be obtained by establishing special departments in our large general hospitals. He urges that Proctologists be appointed to all general hospitals. The many advantages of staff association, consultations, etc., in which proctology touches on the work of men in other fields, would prove of mutual benefit.

He believes that in the near future a fifth year will be added to the present four year medical course. This fifth year will probably be devoted to the medical specialties, and proctology should be included among them. The undergraduate certainly should have the chance to acquire reasonable proficiency in the newer methods of examination and treatment of rectal disease.

Dr. Hill also presented a formal paper for the consideration of the members of the Society under the title of

**PROLAPSUS ANI IN ADULTS:**—The theory is advanced that all cases of procidentia recti are the result of neglect or improper treatment of what was in the beginning a simple form of mucous membrane prolapse. Correction of the condition early may prevent serious infirmity later in life.

He described at length an operation modified after that of the late Mr. Goodsall, of London, England.

In this operation he employed a multiple suture. He advised removing the excess of tissue distal to the ligature.

The operation is performed under local anesthesia and is advised for patients of all ages. It is particularly suitable for use in prolapse of the aged.

The author claims that the operation is painless, short and easily performed. There is absence of hemorrhage and the end results are satisfactory.

**THE POST OPERATIVE TREATMENT IN RECTAL SURGERY:—**  
*By W. H. Stauffer, M.D., of St. Louis, Mo.*—This paper is based upon a review of over 25,000 rectal cases treated, of which 1,500 were operative. Four hundred of these cases had been operated upon previously by approved method by other surgeons.

There are two reasons for these 400 secondary operations. First: Not selecting the operation indicated by the pathology. Second: Improper post-operative attention.

In selecting an operation or treatment the following requirements must be met. First: Complete restoration of functions. Second: Time required for cure. Third: Pain produced.

Unsatisfactory results—complete or partial incontinence often are caused by needless traumatism. He does not believe in divulsion. Division of nerves causes sensory disturbances.

Incontinence may be due to fistula operation. Believes that where the fistula opens more than two inches above the sphincter the two step operation is indicated.

In dealing with malignancy he mentions the operation of Evans as producing the least mutilation and disturbance of function in selected cases.

Operations should only be performed after a definite diagnosis has been made.

It is insisted that the best results are obtained by proper diagnosis, careful preparation, appropriate operation, and careful after-treatment. The surgeon should always make the first dressing and should always inspect the operative field daily. The patient should be kept under observation until recovery is assured.

**PHOTOGRAPHY FOR RECORD AND TEACHING:—***By Collier F. Martin, M.D., of Philadelphia, Pa.*—Martin draws atten-



tion to the fact that students may be better interested in a lecture if their attention be fastened by an appropriate picture or illustration. After experimenting with photographs or drawings, passed among his class, and also with charts hung on the wall, he found that he could better interest the students with lantern slides thrown upon a screen. The darkness of the room tends to lessen the distraction and to encourage concentration. By having photographs of actual cases, as well as of the different steps in an operation, it was easy to interest the class and to explain far better than could be done even in a clinical lecture.

The equipment is briefly described and suggestions are given as to proper rendering of color values by the use of light-filters.

Attention is called to the necessity of proper exposure and lighting to give negatives with sufficient detail to properly show pathologic conditions. Such negatives only are useful for illustrations, record or lantern slides.

Many case histories are incomplete without a photograph to clarify the description.

Hints are given for copying, making line drawings, diagrams and classifications to produce lantern slides suitable for teaching.

It is suggested that every hospital have a department devoted to photography. This could easily be operated in conjunction with the X-ray department.

**SOME IMPORTANT PATHOLOGICAL CONDITIONS ABOUT THE RECTAL OUTLET: LANTERN SLIDE DEMONSTRATIONS:—***By Granville S. Hanes, M.D., F.A.C.S., Louisville, Ky.*—Tubercular ulcerations do not occur as frequently in the mucosa of the rectum and sigmoid as is generally believed. Amebic and various types of bacterial ulceration produce dysenteric symptoms that often lead to emaciation and exhaustion. Active tubercular ulceration is always accompanied by a decided increase in the temperature and pulse rate. These are not characteristics in other types of ulcera-

tion. In tubercular ulceration there is a history of constant and progressive symptoms while in amebic there is usually a history of improvement and relapses. Tubercular ulceration involving the rectum and sigmoid seldom yield to treatment. Amebic ulceration in this climate can be cured by one method or another.

Bacterial types of ulceration are usually very difficult to treat. Within the last two years I have found cauterization with the high tension electric spark to be a most valuable means of treatment.

Tubercular abscesses often occur about the rectum when patients otherwise show no evidence of tuberculosis. The abscesses and subsequent fistulae are characteristics in that there is a great tendency to undermining of the skin. The external openings are, therefore, large with a livid appearance of the surrounding cutaneous structures. They point to impending trouble which may be precipitated months or years hence. This being true it is of great importance that we direct the habits, hygiene, etc., of individuals thus afflicted.

Fistulae of long standing with one or more very small external openings with a history of an extensive abscess are very difficult to cure. From external evidences they appear to be very simple. Unusually the finger when introduced well into the rectum will be able to detect by careful palpation the hard indurated sinuses which often extend surprisingly high up by the rectum.

Internal fistulous openings rarely, if ever, perforate the rectal wall unless there is some pathology primarily in the rectal mucosa whereby its resistance is impaired. The internal openings of the fistulae are usually in the anal canal. The anal tissues are most always diseased before the abscess is formed, therefore, it is reasonable to suppose that the infection passes out through the diseased anal structures and is responsible for the abscess.

There are occasional fistulous tracts that extend up by

the rectum to considerable heights and are very tortuous. It is difficult to follow these sinuses to their terminations when operating. When the wound heals and a small opening remains we may feel fairly certain that some part of the original fistula was not reached. It is then advisable to inject bismuth paste which will often effect a cure.

Pruritus ani is undoubtedly a local infection. The focus of the disease is below the pectinate line and at the anal margin. It has been my practice to remove the diseased tissues at the margin of the anus and from the emulsion of these diseased structures bacteria are cultivated and an autogenous vaccine administered to the patient. The operation with autogenous vaccine obtained in this manner gives decidedly the best results.

**PRELIMINARY REPORT: ANATOMICAL AND BACTERIOLOGICAL FINDINGS OF THE ANORECTAL REGION:—***By Dr. J. Rawson Pennington, Chicago.*—This preliminary report is submitted in lieu of my paper on "Indications for Making a Rectal Examination."

To-day the question of "focal infection" is uppermost in the minds of the medical profession. Much consideration has been given to practically every point in the body from which focal infections may emanate except that of the anorectal region.

Experimental investigations show that not only Crypts of Morgagni, but what appears to be diverticuli are found also in this region. The Medical Research Laboratory of Chicago, to whom specimens were submitted for examination, reports that these diverticuli are lined with stratified squamous epithelium. Also that streptococci, staphylococci, colon bacilli, and other bacteria were found in their tunics and sacs.

We have observed that local and constitutional diseases may be produced by injecting the various bacteria obtained from these diverticuli into animals.

I am investigating the value of these diverticuli as points

of focal infection and their role as causative factors in hemorrhoids, fistula, constipation, arthritis, endocarditis and other acute, and chronic, and local and constitutional infections.

**SOME OBSERVATIONS ON HERNIA IN RELATION TO INTESTINAL STASIS:**—*By William M. Beach, M.D., of Pittsburg, Pa.*—After reviewing the theories of Keith relative to nodal zones situated at different levels in the intestinal musculature the author says that:

1. We have tried to define intestinal stasis to be a physiologico-anatomic disturbance of peristalsis by an inhibiting influence through nodal zones of the myenterium, located in the aesophago-gastric junction, the duodeno-jejunal area, ileocaecal region and in the rectum. This demonstrated in the laboratory must be verified clinically.

2. Anatomic distortions, as kinks, adhesions, ptoses, etc., lead to stasis by disturbing the ganglia controlling peristalsis

3. Hernia is a frequent manifestation of visceral displacement concomitant with stasis.

4. Long truss wearing with great pressure tends to rectal disease.

**INTESTINAL SYMPTOMS DUE TO ACHYLIA GASTRICA:**—*By Alois B. Graham, A.M., M.D., F.A.C.S., Clinical Professor of Proctology, Indiana University School of Medicine, Indianapolis, Ind.*—In 5,758 patients presenting gastro-intestinal symptoms, and in every one of whom repeated gastric analyses were made, a diagnosis of Achylia Gastrica was made in 378. This is about 6.5 per cent, or a ratio of 1 to 5. One hundred were males and 278 females. The youngest was 17 years, the oldest 73 years. Sixty per cent were between the ages of 40 and 60. In 90 per cent the subjective symptoms were chiefly intestinal in character. The bowels were reported regular in 38; constipated in 112; loose (diarrhoea) in 142; irregular in 86. Diarrhoea was the most frequent symptom and was present in 37.5 per cent of the cases.

Description of three groups of cases. Description of the stools which were at times quite characteristic. Rectal symptoms rarely reported. Internal hemorrhoids found in every case. Rectal examination of no value, except that of exclusion, in determining the cause of the intestinal symptoms. In cases where constipation was chief symptom, there was not anything of special interest.

There was no return of the gastric secretion in any of the cases. The course of Achylia Gastrica is a protracted one. Under proper therapy the prognosis, as to fairly good health, is excellent.

Diet alone in the severe cases of diarrhoea was not successful. Astringents and intestinal irrigations were unsuccessful. Hydrochloric acid and pepsin in sufficient dosage is rational therapy and the only one which gave anything like satisfactory results. In some cases diet and hydrochloric acid failed. In these cases a nervous element was present as the administration of bromides in suitable dosage produced most excellent results.

Patients are comfortable as long as they continue treatment. If discontinued even for a brief period, there is a recurrence of the diarrhoea. These patients should be correctly informed as to the prognosis; namely, that as long as there is evidence of an absence of the gastric secretion, just so long must they adhere to a rigid diet and take hydrochloric acid and pepsin.

OBSERVATION ON FISSURE IN ANO:—*By Rollin H. Barnes, M.D., Editor of The Proctologist and Gastroenterologist, St. Louis, Mo.*—The author considers fissure as an ulcer and believes that traumatic causes are not true etiological factors in the production of this trouble but that it is necessary that the tissues become inflamed and hence friable and easily torn in order that fissure be formed. He believes that catarrhal inflammatory conditions are frequently the result of an excessive carbohydrate diet and sometimes an excessive fat diet.

In the treatment of fissure he recommends palliative treatment by correcting the diet with reference to the excesses of carbohydrates and fats and placing the patient on a proteid diet for a time. When operation is necessary he believes that the object should be drainage rather than paralyzing the muscular fibers. He also advocates the use of a small enema before defecation in order to avoid irritation from the stool. It is very important to keep the wound clean by hot sitz baths and the hot enema, in order that any foreign substance may not remain in the wound.

**MALIGNANT TRANSFORMATION OF BENIGN GROWTHS:—***By Frank C. Yeomans, A.B., M.D., F.A.C.S., Adjunct Professor of Proctology, N. Y. Polyclinic Medical School and Hospital, New York City.*—The benign tumors of the colon and rectum considered were of the polypoid type—solitary polyp, multiple polyposis, multiple adenomata and villous tumor. All originate from the intestinal mucosa, are of the same histologic structure but differ in number, size, form and the relative amounts of glandular and fibrous tissue present.

The writer cites the theories of origin of multiple adenomata as advanced by Meyer, Liebert and Schwab and G. Hauser and H. C. Ross's views on the formation of benign growths. Yeomans thinks these tumors inflammatory in character and notes the frequent history of colitis or dysentery in these cases, intestinal parasites as causal in others and the positive evidence of the role of irritation as furnished by therapy,—colonic lavage, or colostomy and irrigation benefitting some patients and curing others. He reports a case of multiple adenomata in a man, aged 30, colostomized in 1913, with marked benefit. Many tumors have disappeared, the remainder have retrogressed and the patient is working regularly. There is no evidence of malignant change.

That benign growth become malignant is beyond cavil but its cause involves the same enigma as the cause of cancer itself. The writer cites the work of neoplasms of Wal-

deyer, Adami, Cathcart and others, as well modern research on the transplantation of tumors and the parasitic theory of their origin. He concludes: "All that can be stated positively is that cancer begins as a small local process; that it excites no reaction in the blood whereby a diagnosis can be made; that the individual cancer cell is the parasite of cancer, and whatever eventually explains the origin of cancer will also explain the transformation of a benign into a malignant growth."

Yeomans reports the transformation of a simple adenoma into an adenocarcinoma in a man, aged 76, who had rectal bleeding of 8 years duration, progressive constipation and a tumor that in recent years could not be reduced within the rectum. The tumor,  $3\frac{1}{2}$  by 2 inches, was attached just within the anal verge. It was removed under local anesthesia and both clinically and histologically was adenocarcinoma.

Villous tumor or adenoma tends to recur in malignant form so should be extirpated early, thoroughly and radically.

Multiple adenomata are the most important and serious types of benign growths of the intestine. Their usual site is the lower colon and rectum. Clinically they are malignant from diarrhoea, haemorrhage, etc., and if neglected over 40 per cent become actually malignant. Improper local treatment, as snaring, curettage and cauterization is followed by malignant recurrence in a large proportion of cases.

The curative, operative procedure indicated is enterotomy, either in the colon above the growths, or in the terminal ileum when the entire colon is affected. If the tumors disappear, the enterotomy may be closed. If they persist, after prolonged irrigation and the patient's general condition warrants it, partial or total colectomy is indicated with implantation of the ileum low down into the sigmoid, the operation being performed either in one or preferably in two stages.

THE TREATMENT OF HEMORRHOIDS BY A NEW METHOD:—

*By E. H. Terrell, M.D., Richmond, Va.*—The author presents a simple, safe and efficient method of curing selected cases of Hemorrhoids by the injection of quinine and urea solution. During the past two years 127 patients have been treated by this method with only one recognized failure. Injection of quinine and urea in solutions of from 5% to 20% strength produces starvation and atrophy of the hemorrhoids. The series reported includes only uncomplicated internal hemorrhoids. The results of the treatment of 127 patients justify conclusion that the method is simple, safe and effective in properly selected cases.

ABSTRACT ON THE ETIOLOGY OF VACCINE TREATMENT OF PRURITUS ANI:—*By Louis J. Hirschman, Detroit, Mich.*—Hirschman presented a preliminary report of his work on the bacteriology of pruritus ani as based on the original work of Murray at Syracuse. The work of H. C. Ward, bacteriologist, in conjunction with Hirschman's work shows that the streptococcus faecalis was present in the twenty-five cases, but the vaccine treatment in these cases, especially that of the autogenous vaccines, has resulted in important or systematic cure in but four cases, while the treatment of the surgical lesions present, or by dietary, or hygienic measures, has resulted in relief or cure of all the remaining cases.

ABSTRACT OF PAPER ENTITLED FURTHER OBSERVATION ON PRURITUS ANI, ITS ETIOLOGY AND TREATMENT:—*Dr. Dwight H. Murray, of Syracuse, N. Y.*, read the sixth annual report of his original research work on Pruritus Ani and Vulvae, adding reports of 25 cases to the former series of cases, making 123, the bacteriology of which shows 95% of the cases a streptococcic infection as the etiology for these troublesome conditions. He stated that his claim, that the streptococcus fecalis is the etiology of Pruritus Ani, is now confirmed by many leading physicians throughout the United States who have been investigating the subject.

He finds from the experience of this past year that far



better results are obtained by the use of autogenous vaccines with more than 1,000 million dead germs to 1 C. C.

He states that not one of the cases of Pruritus Ani and Vulvae Pruritus Scroti in the 123 cases have had diabetes and, as a result of this, he questions very strongly whether diabetes is ever the cause of these conditions, unless as a complication, and under such conditions there would be a general pruritic condition of the skin.

Last year, in his fifth report, he described cases of Pruritus Ani that did not show improvement under the administration of the autogenous, streptococcic vaccine. These cases were later found to have a staphylococcus infection as a complication and when an autogenous staphylococcus vaccine was administered with the autogenous, streptococcic vaccine improvement resulted. He has found proof of this same condition during the past year and believes that these cases show a characteristic whitish appearance of the skin in spots, particularly around deep skin fissures.

He also found further proof of one of the conclusions, in a former paper, *i. e.*, where there is a rectal pathology with Pruritus Ani, plus a skin infection, that an operation for relief of these conditions will cure the rectal pathology, but will not cure the Pruritus Ani. If the streptococcic skin infection does not exist the operation will be very sure to cure Pruritus Ani.

During the six years that Dr. Murray has been doing this work he has never had as prompt and satisfactory results from treatment as during the past year. In his report of the present condition of patients treated during the past five years, he shows that practically all of the patients have retained a part of the benefit originally received and a large majority of them consider themselves cured. Time will give the proof of this.

While some of the cases still have a little itching from time to time, they state that it is very easily controlled, by simple methods.

Dr. Murray is more firmly convinced than ever that operations for the cure of Pruritus Ani, such as Balls operation and modifications of it, are absolutely contradicted and should never be performed.

*(To be concluded in November issue.)*

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## Reviews and Book Notices.

**OBSTETRICS.** A Practical Text Book for Students and Practitioners.

By Edwin Bradford Cragin, A.B., A.M., (Hon.) M.D., F.R.C.S.; Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York; Attending Obstetrician and Gynecologist to the Sloane Hospital for Women; Consulting Obstetrician to the City Maternity Hospital. Assisted by George H. Ryder, A.B., M.D., Instructor in Gynecology, College of Physicians and Surgeons, Columbia University, New York; Assistant Attending Obstetrician, Sloane Hospital for Women; Associate Surgeon, Woman's Hospital, New York. Octavo, 858 pages, with 499 engravings and 13 plates. Cloth, \$6.00 net.

The author's eminence as a specialist in the fields of Obstetrics and Gynecology, his remarkable success as a practitioner and an instructor, and his exceptional advantages and experience as Attending Obstetrician and Gynecologist to the Sloane Hospital for Women, combine to make the appearance of this new work an event of great interest and importance to the medical world.

During a protracted service as medical head of the Sloane Hospital for Women, where over 1,800 deliveries annually occur, the author has enjoyed exceptional opportunities for observation and experience in obstetrics; and for several years he has felt a growing sense of the duty of placing before the profession and students of medicine the methods of this institution and the results obtained. The present text-book of Obstetrics has seemed to him the most rational and perhaps the most useful way in which to meet this obligation. The work, in the methods advocated, is based upon the statistical results of the Sloane Hospital and upon the

experience gained by the author in the hospital and in private practice. Another object of the work has been to present American statistics in obstetrics which, it is believed, represent the most extensive and careful records available in this country. It is compact, concise and practical; very valuable for reference, yet not too large for the undergraduate student.

Professor Cragin has written a book which will be found not wanting in any essential feature either as a student's text-book or a practitioner's reference work.

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PELLAGRA, AN AMERICAN PROBLEM. By George M. Niles, M.D., Gastro-Enterologist to the Georgia Baptist Hospital, the Wesley Memorial Hospital, and Atlanta Hospital; Consulting Gastro-Enterologist to the Atlanta Anti-Tuberculosis Association and to the Moore Memorial Clinic, Atlanta, Ga. Second edition, 8 vo., cloth, pp. 261. Illustrated, price \$3.00. W. B. Sanders Co., Publishers, Philadelphia and London, 1916.

Pellagra, says Dr. Niles, is an American problem, demanding marked attention by reason of its rapid and devastating progress in the last decade, and its three prominent features—the erythema on exposed areas of the body, gastro-intestinal disturbance, and nervous and psychic phenomena.

In its chapter on Etiology, the work of Goldberger, of the P. H. & M. H. Service, as well as the Thompson-McFadden Commission, are very carefully considered, although definite and satisfactory views have not yet been absolutely demonstrated, or its causation entirely proved, admitting that the last word has not been said as to treatment, etc., a number of different views is here presented, and the volume in its entirety represents the labors of a student who is endeavoring to contribute a reasonable and worthy portion to the sum total of our information concerning a very obscure disease, as to which, the standard text-books of less than a decade, are very deficient.

# To Abort a Cold

IN many cases of coryza, cystogen in full doses (gr. X-XV, 4 times daily for an adult) acts promptly and effectively if treatment is given at the inception of the attack. The irritation is relieved, the watery secretion is checked, and the "stuffiness" and headache disappear. Even when the "cold" is well established, this treatment will often shorten the infection, reduce the quantity of purulent secretion and lessen the danger of complications such as sinusitis, otitis media, and bronchitis.

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Sod. Phos. gr. XXX.  
Sod. Tart. gr. XXV.

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which does not relieve every pain, but which is

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in a surprisingly great number of painful conditions, principally headache, neuralgia, and "rheumatic pain."

Where the physician does not wish to use a narcotic or a hypodermic, K-Y ANALGESIC, locally applied, will often be found sufficiently effective,—

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Greaseless, water-soluble, convenient, economical.

At druggists, collapsible tubes, 50c.  
Booklet and sample on request

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## Itches,

Irritations, chafings, etc., are exasperating, but—

## K-Y Lubricating Jelly

quickly cools, soothes, and relieves. "Keeps the hands away, and doesn't grease the linen."

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# MELLIN'S FOOD

In every step in the manufacture of Mellin's Food there is constantly in view the ultimate object of making a product of definite composition

**to Accomplish a Definite Purpose.**

This purpose is to furnish certain food elements which, when added to cow's milk, make it a suitable food for an infant. The food elements in Mellin's Food—carbohydrates (maltose and dextrins), proteins and salts—when dissolved in water and added to cow's milk so change the balance of nutrition in cow's milk that the resulting modification presents fat, proteins, carbohydrates and salts in the proportion needed

**for the Development of Infantile Life.**

The success of Mellin's Food, therefore, depends not upon any one of the food elements of which it is made up, but upon the definite composition of "Mellin's Food as a whole" as a means to enable the physician to modify cow's milk to meet the requirements of infant feeding

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**A PRACTICAL TREATISE ON INFANT FEEDING AND ALLIED TOPICS.** For Physicians and Students. By Harry Lowenburg, A.M., M.D.; Assistant Professor of Pediatrics, Medico-Chirurgical College of Philadelphia; Pediatricist to Mt. Sinai Hospital; to the Jewish Hospital; to the Jewish Maternity Hospital; Consultant to the Hebrew Orphan's Home; Assistant Pediatricist to the Philadelphia General Hospital, and formerly Instructor in Pediatrics, Jefferson Medical College. 8 vo. cloth, pp. 382. Illustrated with 64 text engravings and 30 full page plates, 11 of which are in colors. F. A. Davis Co., Publishers, Philadelphia, 1916. Price, \$3.00.

The author's effort in this most excellent work is to meet the many requests from his students and medical colleagues; and it is both clinical and thoroughly practical, embodying his personal experience. Theorizing, and a medley of views from different sources have been carefully avoided, as well as quotations and useless references; yet the author has in a few instances indulged in a repetition of certain facts and statements of importance, in order to better impress them upon the mind and memory. The influence of the German school has been presented in a conservative way.

Acknowledgement is made of valuable assistance rendered by Prof. Jno. B. Dean, Miss Sara Lowenburg, Robt. A. Schless, M. H. Reinhechmer, and Dr. Geo. Rosenbaum, of Philadelphia. On the whole, it is a work of great value, carefully written, and presented in most satisfactory manner by the publishers.

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**RULES FOR RECOVERY FROM PULMONARY TUBERCULOSIS.** A Layman's Handbook on Treatment. By Lawrason Brown, M.D., of Saranac Lake, N. Y. Second edition, revised and enlarged. 12 mo, 184 pages. Cloth, \$1.25 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The first edition of this valuable handbook for laymen met with a prompt and wide acceptance and was soon exhausted. A constant and growing demand has required a second edition, in which the author has revised and enlarged his book and the publishers have issued it in a convenient and attractive volume.

Having for years been associated with the late Dr. Trudeau in his tuberculosis work at Saranac Lake, New York, Dr. Brown knows the problems which confront the consumptive who would live a life that shall make him an acceptable member of society, rather than a person to be shunned. If a permanent cure is to be effected it is necessary that the patient shall learn how to co-operate intelligently with those who prescribe and care for him. This handbook gives in brief and simple form all that is necessary for the patient to know in order to render such co-operation.

Dr. Brown has no fads to advocate or any pet theories to exploit. He has written in simple language, that is clearly intelligible to the average layman, just the things which his long experience has proven to be best for the welfare of the patient and most necessary for him to know if he would expedite his own permanent recovery and at the same time safeguard those about him.

This book is an ideal one to put into the hands of consumptives, and of those who have to care for them; and we especially desire to state that it is one of the very best books of the age, and that it will prove a veritable "*God-send*" to those afflicted who will *read, mark well, and inwardly digest.*

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### **Editorial.**

#### DEATH RATES IN THE REGISTRATION AREA OF THE UNITED STATES IN 1915

A preliminary statement just made public by Director Sam L. Rogers, of the Bureau of the Census, Department of Commerce, and prepared under the supervision of Mr. Richard C. Lappin, chief statistician for vital statistics, shows a death rate of 13.5—the lowest on record—per 1,000 estimated population of the registration area of the United States in 1915. This rate was based on 909,155 deaths returned from 25 states (in one of which, North Carolina, only municipalities of 1,000 population and over in 1910 were included), the District of Columbia, and 41 cities in nonregistration states, the total population of this area in 1915 being estimated at 67,337,000, or 67.1

per cent of the total estimated population of the United States.

There is a widespread and increasing interest throughout the country in respect to vital statistics. The states of North and South Carolina, which recently enacted the "model law" for the registration of births and deaths, were admitted to the death-registration area for 1916, increasing the estimated population of the area to 70.2 per cent of the total for the United States in that year.

*Lowering of Death Rates During Decade:*—The death rate for 1915, 13.5 per 1,000 population, is the lowest ever recorded, the most favorable year prior to 1915 having been 1914, for which the rate was 13.6. It is markedly lower than the average rate for the five-year period 1901 to 1905, which was 16.2. The decrease thus amounts to 16.7 per cent, or almost exactly one-sixth, during a little more than a decade. When due allowance is made for the addition of many new states to the registration area between 1905 and 1915, and the comparison is confined to the group of registration states as constituted during the period 1901-5—the present population of which is about one-fourth of the total for the country—there is still shown a very considerable decrease, from 15.9 to 14.3 per 1,000 population, or 10.1 per cent. This decrease, on the basis of the present population, would amount to 42,876 deaths. On the assumption that a corresponding reduction has taken place throughout the entire country this would indicate a saving of approximately 170,000 lives in 1915 for the United States as a whole.

The annual report for 1915, to be issued later, will state that changes in the age and sex constitution of the population must be considered before the exact nature and extent of the lower general mortality can be understood. It is certain, however, that the great progress made during recent years in the sciences of medicine and sanitation, together with the widespread awakening of the people throughout the United States to the support of public health authorities, has resulted in the saving annually of scores of thousands of lives that would have been lost under the conditions prevailing only a few years ago.

*Death Rates for States and Cities:*—In the states for which death rates for 1901-1905 are given, the greatest proportional decrease between that period and 1915 is shown for Rhode Island, 16.9 per cent. Next in order are New York, with a decrease of 14.6 per cent; New Jersey, 14.3 per cent; Massachusetts, 12.7 per cent; Vermont, 9.3 per cent; Connecticut, 5.1 per cent; Indiana, 3.8 per cent; New Hampshire, 3 per cent; and Maine, 1.9 per cent. Michigan alone showed a slight increase, eight-tenths of 1 per cent.

Among the cities having 100,000 or more inhabitants in 1910 the tendency is toward a still greater reduction in mortality. The fol-



lowing-named cities show, for 1915, decreases of 20 per cent or more as compared with the 5-year period 1901-1905: Newark, N. J., 29.9 per cent; Atlanta, 28.4 per cent; New York City, 26.8 per cent; Los Angeles, 25 per cent; Jersey City, 24.9 per cent; Pittsburgh, 23.9 per cent; St. Louis, 22.9 per cent; Denver, 22.7 per cent; Providence, 22.3 per cent; Paterson, 21.9 per cent; San Francisco, 21.7 per cent; Fall River, 21.7 per cent; Louisville, 21.1 per cent; and Nashville, 20 per cent.

It should be borne in mind that the rates here given are "crude" rates, which make no allowance for differences in the sex and age distribution of the population, and that, furthermore, the rates for certain localities are materially affected by deaths of non-residents who are attracted to those localities by their favorable climate or by their superior hospital facilities. Inferences in regard to the relative healthfulness of different states and cities should not, therefore, be drawn without more thorough investigation.

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HALF A CENTURY'S PROGRESS:—October, 1916, points an epoch in the history of Parke, Davis & Co. The house was founded in 1866—just fifty years ago this month—largely upon the optimism of three or four determined men, backed by a capital that would seem insignificant to-day. There was nothing in its unpretentious origin to foretell the success of after-years. And by success we mean not merely material prosperity but also that broader and more enduring success that is based upon good-will and confidence.

Manufacturing pharmacy was then a crude, imperfect art. Bacteriology, pharmacology and biological pharmacy were as yet unborn. There were no curative sera or vaccines in those days. Prophylaxis was in its infancy. Standardization was unknown.

Fifty years have wrought marvelous changes in means and methods for the treatment of human ills. The materia medica has been amplified beyond the dreams of the earlier investigators. Knowledge of pathology has immensely broadened. The empiricism of the past has given way to rational therapeutics, and medicine is taking its rightful place among the sciences.

In all these forward movements, Parke, Davis & Co., have had some part—notably as discoverers of new vegetable drugs, as inventors of new chemical compounds, as pathfinders and producers in the field of biological manufacture, as investigators in original research, as pioneers in both chemical and physiological standardization.

The past half-century, as we have intimated, has been remarkable in its contributions to the newer materia medica. What will the next fifty years bring forward? Time alone can write the answer. Ours

is a progressive age. The science of medicine has not reached its highest development. The physician's armamentarium will be further enlarged and fortified. New remedial agents will come into being. Many existing products will be improved. And with the fulfilment of these conditions, Parke, Davis & Co. (if we may judge the future by the past) are certain to be identified.

We have just received a copy of a very handsomely printed and illustrated pamphlet of some forty pages, their "*Jubilee Souvenir*," which gives a brief history of this well and widely known house from 1866 to 1916, a full half-century marked with the most wonderful advances and progress in "Scientific Medicine," in which Messrs. Parke, Davis & Co., have been active and successful workers. Write to them for a copy of this "*Souvenir*."

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STRAINING AT STOOL:—It is pretty safe to say that any bodily condition that is aggravated by pressure or congestion is aggravated by that daily straining at stool which is the rule rather than the exception with such a large percentage of humans.

When one stops to realize that in the act of defecation, every abdominal muscle is brought into play, and that many individuals customarily strain at stool with a force great enough to cause their faces to flush and their temporal veins to bulge out,—then it is that one appreciates the tremendous force brought to bear locally upon the abdominal and perineal muscles and generally, upon the whole body.

Since defecation is a necessary function, and cannot be suspended, it would seem that the best remedy for the difficulty of defecation would be to supply the lubrication that is often lacking and thus bringing about the necessity of straining at stool.

Whatever will supply such lubrication without enervation or untoward after-effect would seem to be the most desirable method.

There is one outstanding reason why "Interol" does away with—or at the very least minimizes—straining at stool, namely, "Interol" has a peculiar *lubricating body* by which it mixes with the feces before they are feces, spreads over and mixes with them and lubricates them in their passage through the colon, until they reach the rectum, from which they are finally expelled without necessity of very much straining.

"There are other features 'Interol' possesses, but this one is perhaps the greatest, and if you are personally interested in this subject, we would be very glad to send you a pint bottle with our compliments, so that you may make personal observation without having to take our word for the merits of Interol," is the statement of Van Horn & Sawtell, 15-17 East 40th St, New York City.

**PREPAREDNESS:**—The well-known Pharmaceutical Manufacturers, Messrs. Reed & Carnrick, 42-46 Germania Ave., Jersey City, N. J., are sending out a neat little "booklet" of some sixteen pages, showing briefly what steps the United States is taking to prepare itself against possible, and what seems to some people inevitable, attack by some envious nation, and also to demonstrate to the physician, that in their excellent preparation *Peptenzyme* he has a therapeutic weapon which will enable him to repulse attacks of the ever present enemy—Indigestion.

It contains three excellent illustrations: (1) The new dirigible built for the U. S. Navy, 175 feet long, 50 feet high, and 35 feet wide, as a measure of "Preparedness" in the air; (2) The Armored Motor Battery, equipped with machine guns and loop holes for rifle fire; and (3) The new U. S. Super Dreadnaught Pennsylvania, regarded by experienced naval officers as the most powerful fighter afloat; the two latter looking after attack by land or sea.

Peptenzyme is always true to aim, certain in action and registers a hit whenever pointed at the arch enemy Indigestion. It is put up in both tablet and elixir form, the latter making an ideal vehicle for drugs which have a tendency to irritate the stomach.

Write to Messrs. R. & C. for a copy of this recent booklet. They are also manufacturers of Protonuclein, Protonuclein-Beta, Nephritin, Pancreobilin, Trophonin, Soluble Food, etc., from each of which we have obtained valuable results.

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**AUTUMNAL AILMENTS:**—The autumn months constitute the season during which the average practicing physician is called upon to treat the following conditions: 1. Typhoid Fever, which is, more often than not, contracted at some unhygienic Summer resort. The patient may return home during the first week or so, with headache, malaise, etc., or the premonitory or primary symptoms may appear after reaching home. 2. Malarial Infection, in certain sections, which is more than usually rife in the spring and fall seasons. 3. The after results of the gastro-intestinal disorders of infants and young children, due to improper feeding, etc., during the heated term. In almost every instance, when the acute symptoms have subsided, a condition of anemia and general devitalization is the final result that constitutes the essential indication for treatment. In convalescence from all forms of illness resulting in general debility, *Pepto-Mangan* (Gude) is the one ideal tonic and reconstructive. It not only revitalizes the blood, but also tones up every physiologic function. It stimulates the appetite, improves the absorptive capacity, increases energy and ambition and restores the blood to its normal condition. It is, thus, a general tonic and reconstituent of marked and certain value.

### "MIL"—A NEW TECHNICAL TERM.

The new edition of the United States Pharmacopeia became the official standard on the first of September. This revision (the 9th) contains some new features, including omissions and additions, to which we will not refer editorially at this time. One change, however, seems to call for immediate attention, namely, the adoption of the term "mil"—an abbreviation of milliliter in place of the familiar cubic centimeter, or, abbreviated, "Cc." Hence, "mil" being only a new name for the Cc., designates the 1-1000th part of liter (1000 Cc.) and is approximately equivalent to 16 minims. Estimating roughly, therefore, four mils are equivalent to 1 fluid dram.

This new term ("mil") from now on will be encountered constantly in medical literature. Consequently we ask our readers to impress its meaning upon their minds, in order that any misunderstanding may be avoided.

On the whole, the word seems to us a very convenient and satisfactory one. The pity is, that it will appear in American literature only, since, so far as we know, it has not been adopted in other countries. Possibly they may come to it in time.

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THE RANGE OF PASADYNE'S USEFULNESS:—To those who have long employed *Pasadyne* (Daniel) and are well acquainted with its distinct value in medicine, it will not be fresh information to be assured that *Pasadyne* (Daniel) has as wide a therapeutic range as any agent of similar character, and with the added advantage of freedom from untoward effects.

In writing of *Passiflora Incarnata*, and of course, it is scarcely necessary to mention that *Pasadyne* is merely the distinctive name for Daniel's concentrated tincture of *passiflora incarnata*, Potter says that "it has been administered with satisfactory results in neuralgia, chorea, spasmodic asthma, pertussis, hysteria, dysmenorrhea, insomnia, infantile and puerperal convulsions and the opium habit."

A sample bottle may be obtained by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Georgia.

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MILK FOR THE INFANT prepared with Peptogenic Powder by a simple definite formula and process, is remarkably like mother's milk in all particulars; in physical properties, color, taste, etc.; in percentage composition; as digestible as mother's milk; *absolutely free from any digestive agent.*

This milk proves a complete and adequate substitute for mother's milk during the entire nursing period; and of very special service in partial breast feeding; a fact well established by the experience of

nearly a quarter of a century, and peculiarly possible because of the close proximity of the "bottle" milk to the actual mother's milk.

Peptogenic Powder, the original milk modifier, was placed before the medical profession in 1882 by Fairchild Bros. & Foster of New York.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that has proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**PHILLIPS' MILK OF MAGNESIA** is an efficient antacid and corrective, and will be found useful in Gastro-Intestinal Irritations of Infant, Child or Adult.

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**PALATABLE COD LIVER OIL:**—Palatable cod liver oil must be doubly effective because the patient can continue taking it. A generation of physicians have looked upon *Cord. Ext. Ol. Morrhuae Comp. (Hagee)* as the ideal cod liver oil preparation because of its therapeutic potency and marked palatability. *Cord. Ext. Ol. Morrhuae Comp. (Hagee)* is particularly useful in chronic nervous exhaustion when the nerve centres are implicated.

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**VAGINAL DISCHARGES:**—In many instances vaginal discharges persist for the reason that no energetic local measures are taken to combat the causative condition. Thus, in vaginitis, of either specific or non-specific origin, if local applications in the form of tampons soaked in an antiseptic solution of positive value were employed in a systematic manner, relief would follow. In this connection the more than ordinary value of *Ecthol* (Battle) in vaginal discharges may be mentioned. In vaginitis, used on tampons, it exerts its germicidal influence on the causative organisms and brings about a gratifying relief from the annoying features accompanying the vaginitis. *Ecthol* will also be found of much service in cervical erosions.

LISTERINE, the well-proven and time-tried antiseptic solution, has been prescribed by the Medical Profession with very satisfactory results for 35 years in the treatment of Respiratory Diseases incident to Fall and Winter climatic conditions.

*Listerine* one part, hot water three parts, is a useful gargle for sore throat. In mucous catarrhs, *Listerine*, suitably diluted, is most effectively applied by means of the spray apparatus or douche. It is not only a vehicle for specially indicated alteratives, resolvents and astringents, but is itself an efficient, non-irritating antiseptic that is safe, pleasing to the taste and promptly effective.

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A SPLENDID TRIO:—We can most heartily commend the three following preparations manufactured by Bristol-Myers Co., 277-281 Greene Ave., Brooklyn, N. Y. *Zirato* is a practically odorless, non-escharotic antiseptic and germicide of low toxicity and high efficiency. *Gastrogen Tablets* correct hyper-acidity and greatly aid digestion. As to *Sal Hepatica*, their effervescent saline combination, both laxative and eliminant, has acquired a most enviable reputation with scores of practitioners throughout the land.

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AS TO ALCOHOL:—"Where is the remedial agent that can take its place? I have found none, and never expect to," is the statement of an octogenarian friend of ours—"the oldest practitioner of medicine in the State of Alabama." To those who find a need for it, we can most heartily comment "*The Tom Jones Whiskey*," a high grade, pure Kentucky whiskey, sold to the profession for medicinal use, by the Simon N. Jones Co., Second and Main St., Louisville, Ky.

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NOTWITHSTANDING the large number of *Hypophosphites* on the market, it is quite difficult to obtain a uniform and reliable Syrup. "*Robinson's*" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and strychnine, etc., in perfect solution, and is not liable to the formation of fungus growths. (See advertising page 13, this issue.)

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STANOLIND—LIQUID PARAFFINE, is tasteless, odorless, colorless, and is practically without chemical affinity, and is affected by very few chemical re-agents. This feature is of paramount importance where physicians desire to administer a mineral oil in connection with other agents. A trial bottle with informative booklet will be sent on request, by the Standard Oil Co., 72 W. Adams Street, Chicago, Ill.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its forty-fourth annual session in Cincinnati, Ohio, October 24 to 27, 1916. The general sessions will be held in Hotel Gibson, 413 Walnut St. All who are interested in Sanitation and Public Hygiene are cordially invited to attend.

---

HAYDEN'S VIBURNUM COMPOUND is not a narcotic, but a dependable antispasmodic, and is therapeutically indicated and has clinically proven its reliability in Dysmenorrhea, Muscular Cramps or Cramps of Cholera Morbus, etc.

"H. V. C." in teaspoonful doses administered in three times the volume of hot water is a most excellent formula in such cases.

It has stood the test of time, and if you have not tried it send to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass., and sample and literature giving positive and reliable, as well as authentic evidence of its therapeutic qualities, will be sent you.

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## Selections

**CITRATED MILK FOR FEEDING INFANTS:**—The essentials of the successful feeding of infants may be said to be these: (1) To supply in the food enough fats, proteins, sugars or carbohydrates, mineral matter, and water, to allow of normal growth. (2) The use of clean and fresh milk as the basis of the food, because that is the only available food possessing the property of changing into solids when acted upon by the gastric secretions, as well as to furnish proper work for the developing stomach. (3) The modifications of the milk that have for their purpose the changing of its curdling-property must interfere as little as possible with the normal digestive process.

Some years ago, Wright called attention to the fact that the addition of sodium citrate to milk lessens or entirely checks curdling from rennin action. On the basis of this finding, Poynton suggested the use, in infant feeding, of whole milk modified by the addition of sodium citrate. Since then citrated milk has been employed very widely and now is generally recognized as of great value. In a report pre-

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

Correspondence and Reports of Cases are requested from all regular Practitioners and Medical Organizations.

**DEERING J. ROBERTS, M. D.,**

**Editor and Proprietor.**

**136 Fourth Ave., N.**

**NASHVILLE, TENN.**

sented by F. Langmead to the Royal Society of Medicine, for instance (*Arch. of Ped.*, 1911, p. 688) it was shown that in 80 consecutive cases, in which poorly nourished infants from three weeks to four months of age had been fed with undiluted citrated milk, all had gained weight.

One of the chief advantages of this method of feeding is its simplicity. It avoids the objectionable features of dilution, the bulkiness of the meal, the complexity of frequent variations, the changes of artificially preserved or thickened cream, and the giving of too little fat.

As a whole, Poynton's method has been approved and his main conclusion supported, according to which citrated milk is suitable for the weaning of healthy infants, for increasing the amount of milk taken in the twenty-four hours, for correcting milk-dyspepsia, and for avoiding scurvy.

In a communication to *The Practitioner* (1916, vol. 96, p. 584), Poynton writes briefly, referring to objections and difficulties connected with his method. He insists that he does not advocate placing infants on citrated milk from the first, even though this may occasionally be successful.

Since pure cow's milk may not suit a particular infant, even though citrated, it is always best to begin with diluted milk, until the infant's reaction to cow's milk has been tested, after which the strength of the milk may be rapidly increased. Poynton warns, however, against keeping children upon diluted milk too long. He points out that his method not only is simple, but that it is far less costly than all other available modes of artificial infant feeding, and is, therefore, particularly useful in dealing with the children of the poor. Even here, however, citrated milk should never be resorted to as a routine measure, but it is necessary to individualize.

In the use of citrated milk, it has been observed that in some children undue nervousness develops, although Poynton has not observed such symptoms. He asserts, though, that to persevere month after month in what amounts to

quite large quantities of any drug may lead to trouble, and for this reason the addition of sodium citrate to the milk must always be controlled, even though it is not likely to cause harm.

Despite the disadvantages adhering to this method of feeding infants, it may be said to be more readily adapted in general practice than are most others, and results secured by it are sufficiently satisfactory to entitle this plan to the consideration of practitioners.

Regarding the method of preparing citrated milk, we quote as follows from A. C. Cotton, in his book, "The Medical Diseases of Infancy and Childhood," page 130: "For a moderate degree of disturbance one grain of sodium citrate to the ounce of milk is used; for more severe grades, two, three, or even five grains may be added. In practice the mother is instructed as to the proper dilution of the milk, and the proportions of cream and sugar for each bottle. In addition, she is given a bottle of "medicine" from which one teaspoonful is to be added to the baby's bottle before feeding. This 'medicine' is an aqueous solution of sodium citrate; one, two or three grains to the teaspoonful, according to the prescriber's judgment, based upon the evidences of casein indigestion."—*Am. Jour. of Clinical Medicine*.

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**ACIDOSIS:**—Although much remains to be known concerning the origin and nature of acidosis, the physician or surgeon who fails to acquaint himself with its practical features—its symptoms, diagnosis, prognosis and treatment—is not doing justice to himself and his patients. For there is constantly growing evidence that this condition is associated with a large number of diverse diseases and that often its presence, as in diabetes, is of ominous significance. In the ordinary acceptation of the term acidosis may be defined as a disorder of metabolism characterized by the occurrence of various organic acids in abnormal amounts in the blood and urine, especially the ketone bodies (acetone, diacetic and oxybutyric acids). How these substances

exert their detrimental effect is but imperfectly understood. While they may not act directly as toxins, it has been particularly emphasized that they withdraw the alkaline bases from the blood and tissues by combining with them, and thus give rise to functional disturbances. The excess of acids in the fluids and tissues may be due to an over-production or to defective elimination, or to both, and it has further been suggested that it may be the result of an insufficient intake of alkalies. There seems to be a wide range of tolerance to the acetone bodies in different individuals, and, accordingly, their presence, even in considerable amounts, may not give rise to symptoms for a long time. It must also be confessed that the symptoms are frequently far from characteristic, or are masked more or less by those of the disease of which the acidosis is a complication. For these reasons, and in view of the fact that acid intoxications occur in so large a variety of conditions, it would be advisable in routine urinary examinations to test for the presence of acetone bodies. The detection of these substances in the urine should be supplemented, if possible, by one of the tests for determining the relative degree of acidosis of the blood. While the knowledge thus obtained will be of the greatest value to the physician in the treatment of the various diseases associated with an acid state of the system, it will prove of equal service to the surgeon. In many cases not requiring urgent surgical intervention the detection of acidosis will enable the practitioner to adopt such measures as will effect its removal (alkalies, regulation of the diet, eliminants, etc.) and thus make the patient a better operative risk. On the other hand, the surgeon cannot afford to ignore this condition; he must be prepared to combat it before and after operation, particularly in order to improve the patient's resisting power and reduce the dangers of shock and anesthetic poisoning. Hence we must reiterate that a knowledge of acidosis is essential to successful medical and surgical work, and for a complete exposition of this subject in all its bearings we would refer our readers

to the June issue of *American Medicine*, which contains a masterly symposium of articles by British and American authorities.—*International Jour. of Surgery*.

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**HAY-FEVER:**—To victims of hay-fever the disease is thought to be one of the most dreadful scourges affecting the human race. To physicians it is an obscure disease occurring twice a year, in the spring and in the fall. Most of the victims suffer the latter form, characterized as the autumnal type of hay-fever.

A great deal of scientific investigation has been conducted, especially within the past few years, to determine the etiology and the nature of the autumnal form of disease. Nothing very definite has been established, but our knowledge is increasing little by little. The view held most widely at present is that hay-fever is the result of a peculiar sensitization of the individual to the pollen of certain plants, more particularly rag-weed and golden-rod. Various other forms of plant life no doubt may be included in the list, but these two are the most prominent so far as is known at present. The sensitization of individuals to these substances may be compared in some ways to the sensitization of individuals to certain foods, to proteins of various kinds, to odors, and so on. Each of the excitant substances produces in the allergic or sensitized person a specific reaction. Thus the pollen referred to produces the clinical phenomena which we recognize as hay-fever. Why it is that certain persons are susceptible while others are immune is not known. A popular view is that susceptible individuals lack something in their nasal mucosa that immunes have which protects them from the action of the pollen. Such an explanation, however, does not explain. It assumes a very vague and indefinite theory for which there is no basis of fact as yet. Perhaps some day as our knowledge increases we may fully understand some of the aspects of this disease that are so obscure now.

Some progress has been made within the past year or

two in regard to the treatment of hay-fever. Special vaccines prepared from the pollen rag-weed and golden-rod are now on the market. The idea in using these vaccines is to increase the immunity of the susceptible individual in just the same way as one's immunity is increased by means of bacterial vaccines or emulsions. The idea, therefore, is rational, provided the assumption that hay-fever is caused by the pollen of these plants proves to be true. Since this new method of treating hay-fever is based on an idea that seems to be logical and reasonable it deserves a fair trial. It has been applied already to a certain extent during the past year, and on the whole many favorable results are announced. Certainly that much is in its favor. The treatment is essentially prophylactic. It is said to be more efficacious in preventing the onset of the disease than in modifying its course after it has set in, although it is said to have some value in that respect also. "Experience is the best teacher," however, and experience will soon tell us whether or not this new method of treating hay-fever is really all that is claimed for it.—*Jour. of the Indiana State Med. Association.*

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**NEUROPHYSIOLOGY:**—*Thymus*: An organ of temporary functional activity, whose function it is to supply, through the agency of its lymphocytes, the excess of phosphorus in organic combination of nucleins which the body, particularly the osseous and nervous systems, required during its development and growth.

*Pancreas*: Produces an internal secretion which governs carbohydrate metabolism in the organism at large, and supplies ferments which take a direct part in the protein metabolism of tissue cells and also in the defensive relations in these cells and in the blood stream.

*Adrenals*: The secretion of the adrenals, while possessing a marked affinity for oxygen, inevitably reaches the pulmonary air cells where it absorbs oxygen and becomes a constituent of hemoglobin and of the red corpuscles. It fur-

ther possesses the power of dilating the bronchioles, thus increasing air-intake.

*Thyroparathyroid:* The secretion from these organs enhances oxidation by increasing the inflammability of the phosphorus which all cells, particularly their nuclei contain.

All pathogenic elements in which phosphorus is present, bacteria, their toxins and endotoxines, toxic wastes, etc., are thus rendered more vulnerable to the digestive action of the plasmatic phagocytic or cellular defensive ferments. —*Abstract from St. Paul Med. Jour. of Sajous' recent comments on The Ductless Glands.*

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**TUBAL STERILIZATION:**—Heineberg reports two cases of pregnancy despite a bilateral salpingectomy for inflammatory disease of the adnexa. Based upon his experience and a study of the literature, Heineberg offers the following conclusions:

1. There is no method of tubal sterilization which affords absolute security against conception.

2. Simple ligation of the Fallopian tubes with either single or double ligatures has been followed by the largest number of unreported failures.

3. Excision of a wedge-shaped section from each cornu of the uterus, followed by careful closure of the opening with musculomuscular seroserous sutures has yielded better results than any other method.

4. In the light of our present knowledge, it seems unwise to advocate any other method than cornual resection.—A. Heineberg, M.D., of Philadelphia, in *N. Y. Med. Jour.*

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**TREATMENT OF SEPTIC WOUNDS WITH EQUAL PARTS OF ICHTHYOL AND GLYCERIN:**—Duggan (*Practitioner*, January, 1916) for a beginning selected nine of the worst septic cases from about 800 patients. In two the patients' limbs were saved from amputation, two huge wounds being healed over in five weeks without skin-grafting. All the cases did exceedingly well. The advantages claimed are: There is

practically no irritation of the wound; the dressing does not adhere to the surface of the wound, and need only be changed once in twenty-four hours—in very extensive septic wounds, not more than twice in twenty-four hours; there is a great saving in cotton-wool, lint and bandages; the strain in nursing is lessened; the patient is no longer disturbed by frequent dressing, and the time in hospital is very considerably curtailed, as compared with other methods.—*Therapeutic Gazette*.

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**GOLD HYPODERMIC NEEDLES:**—The *Modern Hospital* is authority for the statement that solid gold hypodermic needles are cheapest in the long run and take the place of platinum needles which are more expensive and offer the further objection that their points will not stay sharp for any considerable length of time. The 14 K gold needles are reported to have practically the rigidity of steel without the danger of breaking that is always present in tempered steel needles, and the manufacturers claim that the gold needles are impervious to rust or corrosion of any kind. The needles may be sterilized by steaming, boiling, or by any antiseptic solution ordinarily used for sterilizing.

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**MAGNESIUM SULPHATE FOR INFLAMMATION:**—Magnesium sulphate solution, in the form of moist compresses, has been found to be an excellent local application in osteitis, acute rheumatism and other superficial inflammatory affections. A saturated solution of the salt is prepared, and in this are immersed fifteen to twenty layers of ordinary gauze. They are laid on the inflamed surface and covered with oiled silk or waxed paper. The compress must be kept moist during the time of its application, and the inflamed parts must not be washed during the treatment. Lucker, who describes the method in *l Univ. Pharmaceutique*, states that the pain subsides at once, and the temperature quickly falls, becoming normal on the second day.—*Med. Brief*.



**GREAT BRITAIN NEEDS MORE SURGEONS:**—Sir James Barr, vice-president of the British Medical Association, in an appeal for surgeons for armies going abroad, says that 2,500 will be required and that there will be no course open but to apply to the United States to fill the necessary complement of medical men if Great Britain cannot produce the requisite doctors. The *Lancet*, in its issue of August 28, states that the medical schools will be very short of students on account of the large number of young men, of the educated class, who have joined the army. The future will see an increased demand for medical men and consequently a greater prospect of success.—*Medical Fortnightly*.

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**FOR PEDICULOSIS:**—Guido Izar (*Riforma Medica*, March 16, 1916) recommends the use of a saturated solution of ammonia gas in benzine with the addition of five per cent. of naphthalene. In this mixture the ammonia destroys the nits, the benzine acts mainly on the pediculi themselves, while the naphthalene prevents reinfection for at least a time. It is the most penetrating agent yet found for ridding clothes of this pest.—*N. Y. Med. Journal*.

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**VERONAL HABIT:**—Otto Glaser asserts that the continued use of this drug, even in small doses, may lead to an intoxication of the cerebellum and the vestibular apparatus. The veronal when continually or too frequently used produces habit through its causing a condition of euphoria or well being. It inhibits the functions of the intestinal tract as well as those of the kidneys.—*American Medicine*.

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**FOR INVESTIGATION OF TUBERCULOSIS:**—Announcement has been made of a recent gift to Johns Hopkins University, Baltimore, of \$95,000, to be used for the investigation of tuberculosis and the better teaching of physicians and medical students in the recognition and management of the disease and the care of patients. The giver is Dr. Kenneth Dows of New York.—*Med. Fortnightly*.

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## *Original Communications.*

### "CHOLELITHIASIS"

BY M. C. MCGANNON, M.D., C.M., F.A.C.S., SURGEON IN CHARGE  
WOMAN'S HOSPITAL, OF NASHVILLE, TENN.

During the last month, six cases of gall stones with infection, coming to operation under my service at the Woman's Hospital of the State of Tennessee, is the incentive for this effort to bring before the readers of the *Southern Practitioner* the main clinical features of this most common and to some extent, neglected disease.

The classical features, as outlined in our text books, will enable us to recognize the typical cases; but, unfortunately, the majority of those coming under observation do not present the picture that we have conceived by the information thus gleaned. The usual symptoms upon which most practitioners rely for a diagnosis of gall stone disease are, (1) Colicky pain in the Epigastrium, the pain being referred to the back under the scapula or to the shoulder; (2) Tenderness on pressure over the gall bladder region; (3) Nausea and vomiting; (4) Jaundice; (5) Elevation of temperature. All these symptoms coming on rather suddenly would be quite sufficient to warrant a diagnosis of gall stone disease. Seldom, however, do we encounter a case with such a decided



history, and he who relies upon it for a diagnosis, will no doubt, be correct when he makes it, but he will pass, unrecognized, the great bulk of the cases that come under his observation.

The history of the six cases which form the basis of this article, when viewed from the standpoint of the five symptoms above enumerated, show a marked variation. Pain was a feature common to all and at some time in each case it was colicky in character. In all it was in the upper abdomen and either in the median Epigastric region or to the right under the margin of the ribs. Only in three of the cases did the pain radiate to the shoulder. Tenderness over the gall bladder region was present in each case. Nausea or vomiting was not complained of in any of these cases, though all of them had marked gastric disturbances (called indigestion). The appetite was poor or fitful. Gas in the stomach and belching soon after eating was complained of, and in each case there was loss of flesh which was attributed to the indigestion. Jaundice was present in only one of these six cases. Elevation of temperature was found in four of the cases at the time they came to the hospital, but in none of them was the fever a prominent feature.

A composite picture, made up from the history as gotten from each, would give the following as its marked features: (1) A history of some form of pre-systemic infection, commonly typhoid fever; (2) Digestive disturbances with indefinite pains or soreness in the right upper abdomen, continued over a more or less long period of time; (3) Pain well marked and usually of a colicky type, in the Epigastric region that may have occurred for the first time when the patient came under observation. More often, however, there is a history of repeated attacks of this pain. The pain if referred at all, and it commonly is, will radiate around the right side and through to the back or up under the scapula, but not downwards to the bladder or leg. Nausea, and even vomiting, may, and often does accompany the

sudden acute attacks of pain. The vomited matter will be the contents of the stomach which may, or may not be, bile stained, depending altogether upon whether the common bile duct is, or is not, closed. If the disease is confined to the gall bladder, bile may readily enter the intestine and be forced into the stomach and then be ejected; while, if the common duct or the hepatic duct be involved, no bile can reach the stomach, hence the vomitus will not contain bile.

**Fever:** This may or may not be present, depending upon the amount of infection that actually exists at the time of observation. At some time in the course of the disease it is a feature. It may exist with but a few of the other symptoms of gall passage infection and hence the disease may be mistaken for malaria or typhoid fever. Leucocytosis in some degree, is present in nearly all cases, even when there is no elevation of temperature.

**Jaundice,** as a symptom, is not to be relied upon. It arises only when the common duct or the hepatic is completely blocked, and this occurs in less than twenty-five per cent of the cases. When jaundice does occur, it may be a mild icterus showing only in the conjunctiva, or it may become so severe as to yellow the whole body. It may be of short duration or may persist for months. The disease occurs oftener in women than in men and is seldom found in persons under the age of forty.

Systemic infection of some kind is a large ethiological factor in the production of gall stone disease and perhaps fifty per cent of all cases give a history of typhoid fever at some time preceding the diagnosis of the trouble. Many years may supervene between the period of systemic infection and the time when gall stone disease is diagnosed. Stones may lie quiescent in the gall bladder and not produce enough symptoms to cause the victim of their presence to complain. There may be but a single stone or there may be hundreds in any given case. They may vary in size from those as large as a walnut to those that are no larger

than a pin's head. I have counted more than a thousand removed from a very large gall bladder and I have a stone in my possession which is as large as a small hen egg.

The diagnosis is simple in the small minority of cases presenting the classical conception of the disease as outlined in most of our text books, but it is very difficult in the great bulk of the cases that come under observation and in which the symptoms present, in no sense are as clear as our mental eyes have been accustomed to outline them. Cancer of the liver or the bile passages may be confused with gall stone disease as it was in one of my cases:—A woman nearly seventy years of age who had, until about a year before, enjoyed very good health. Since that time she has suffered with gastric disturbances, loss of flesh and strength and indefinite distress in the upper right abdomen. Four months ago she had a distinct attack of epigastric pain with tenderness over the region of the gall bladder. This was soon followed by icterus. Since that time this woman has gradually grown weaker, the jaundice has persisted, though not always to the same degree. At times the tenderness was greater than at others. Coincident with the increase of tenderness there was a light elevation of temperature and a marked increase in the white blood cells. The liver was not greatly enlarged and was quite smooth. With good reason it was thought the case might be cancerous, but the history of long gastric disturbances, intermittent pain, increased fever and a leucocyte count of 13000 coincident with increased icterus, led me to believe the condition was not cancer but gall bladder disease involving the common duct. Operation proved that the shrunken gall bladder, the common duct and the hepatic duct for a distance of three inches were packed with stones.

Duodenal Ulcer may be confounded with gall stone disease. The pain, tenderness, gastric disturbance, and intermittence of the attacks in each may be practically the same; but in ulcer, whether in the stomach or duodenum, fever

is not a feature and the pain seldom radiates to the scapula or shoulder. An examination of the stomach contents may demonstrate the presence of blood in ulcer cases, while in gall stone disease it is seldom found. It is worthy of note, however, that the most pains-taking examiners have made errors in diagnosis as between ulcer and gall passage disease.

..... It should also be remembered that gall passage infection frequently has been confounded with appendicitis. In either disease the pain may be more or less all over the right side, but the direction in which it radiates will often serve to distinguish the viscus involved. In appendicitis the pain does not radiate upwards and in gall passage disease the pain is not referred downwards. In the typical cases of infection of either the appendix vermitormis or the gall passages, the symptoms are so well marked and so indicative of the organ affected, that its recognition becomes a simple matter, but in the atypical cases the fever, pain, tenderness and gastric disturbances may be so nearly alike that it is difficult to distinguish which structure is affected. However, a careful study of the history of the given case will usually prove that at some time there has been a set of symptoms sufficiently typical of the one or the other disease to enable the examiner to arrive at a correct diagnosis.

In not a few of the atypical cases in which tenderness and pain are absent and in which fever and gastric disturbances are the only things complained of, malaria or typhoid may be at first so closely simulated that it will require a blood examination to enable the medical attendant to make a positive diagnosis. In the absence of such an examination, time may serve to clear up the doubt as to the nature of the disease.

Indigestion is the most common diagnosis made in cases of gall-bladder disease accompanied by mild infection. Now and then we find chronic cases that extend over long periods of time. They are accompanied more or less frequently with



exacerbation of symptoms; anorexia, belching and feeling of malaise (so called biliousness), headaches, constipation and perhaps slight fever. Examination shows that the patient has a coated tongue, muddy complexion and a dry skin. The thermometer may or may not demonstrate the existence of slight fever. These are the recurrent cases in which calomel, rest and diet, bring temporary relief but not a cure. These too, are the cases in which a careful history taking is of great value and an absolute essential in order to arrive at a correct diagnosis. In them is often found a story of typhoid or malaria with subsequent attacks of indigestion, but at some time in the history a distinct attack of epigastric colic, followed by pain referred to the right back or scapula, with or without vomiting, and perhaps fever, will be ascertained to have occurred. The history in such cases is of greater importance than the immediate findings. The X-ray is of little value in gall stone diseases, while it is true that many beautiful plates have been made upon which the gall stones have been so clearly shown that they could be actually counted; and those calculi that contain lime salts may be clearly outlined. At best, an X-ray picture is of value if it demonstrates the existence of stones but it is of no value in proving the non-existence of calculi.

The chief cause of gall stone formation is a catarrhal condition of the gall bladder or bile ducts, due, and directly traceable, to some form of infection, the most common of which is typhoid fever. The disease is more common in women than in men. This is no doubt due to their sedentary habits and to their manner of dress, both of which tend to cause stagnation of the bile flow, which, in turn aids in producing a catarrhal condition of the bile passages.

The prognosis in gall passage disease, especially those cases that come under the surgeon's care, cannot be considered other than the prognosis of the terminal condition. Empyema, hydrops, gangrene, rupture, and even cancer of the gall bladder, can only be the end results of a more or

less chronic disease of the viscus. The mortality from operations done for disease of the gall passages is not, at the present time, more than three percent and if the more serious conditions: rupture, empyemia, stone in the common and hepatic ducts, could be brought to operation before these end events had occurred, the surgical procedure would be about as safe as that done for appendicitis.

*Treatment:* Gall stones in the body cannot be dissolved by any medicine which may be administered and no substance that may be prescribed can safely cause the stone to escape into the intestine. This does not mean that there is no medical treatment for the disease. Anodynes of various kinds prove of great value in relieving the pains and tenderness. Many of the proprietary and advertised remedies for gall stones, produce their effects upon the minds of those using them by their anodyne action. When the pain is violent, morphine in sufficient doses is absolutely necessary. Other preparations such as olive oil, liquid albolene, etc., are efficacious only through the laxative effects upon the intestinal canal. Constipation is a feature in nearly all cases of gall passage disease and any treatment that overcomes this trouble must benefit the patient and give some relief from the disagreeable symptoms. Between the attacks, sodium salicylate, in five grain doses, three or four times daily, is of value. It should be given freely diluted with water. A cure in a case of gall stone disease is not to be expected by any form of medication. Occasionally nature may produce a cure by having the stones escape through the natural passages or by ulcerating their way into the duodenum. The complications resulting from this effort on the part of nature, produces much of the great suffering and mortality of the disease. Briefly enumerated, the end results brought about by nature's effort to rid herself of the disease are empyema, hydrops, perforation, cancer of the gall bladder, constriction or obstruction of the common duct, and abscess of the liver. This usually ends fatally. Pancreatitis,

acute or chronic, as a complication and sequela of gall passage disease, is frequently overlooked. It may not even be suspected until after a more or less long history of gastric disturbances. The patient sometimes comes under observation with a well established diabetes mellitus, a terminal stage of gall passage troubles.

When the diagnosis of gall stone disease has been made, surgery is the only treatment that will produce a cure. At this present time, when the surgical treatment is attended with such a low mortality and offers such a large percentage of permanent cures, we owe it to our patients to give them the benefits to be derived from surgery as soon as the diagnosis is made and, if possible, before the disease has reached some of its terminal stages.

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### IMPROVING MENTAL AND PHYSICAL POWERS

BY CASPER L. REDFIELD,

525 Monadnock Block, Chicago, Ill.

An ancient cult had it that the world was carried on the back of an elephant which stood on a rock. When some inquirer wanted to know from a devotee what the rock stood on, he was told that it stood on another rock. Some further and more urgent inquiries finally brought the information that there were "rocks all the way down."

A modern cult is to the effect that a superior person is such because his father or his mother, or both, possessed a good brand of germplasm. Inquiry as to where they got that good germplasm brings forth the dictum that it was inherited. Still further inquiry reveals the claim that it was inherited all the way back and had never changed.

Similarly, we learn that an inferior person comes from bad germplasm, and that the bad germplasm also was inherited all the way back. By curiosity in another line we find that when we go back far enough there was only one germplasm. Then we want to know how we can get two opposite kinds of germplasm from the same unchangeable

stock. Answer: By segregation. But, how? Oh, it just segregated.

All very interesting. Also about as intangible as the ghosts which haunted our forefathers. We may admit that there is germplasm of various qualities, but the dogma relative to the origin of these different qualities was conceived in superstition and brought forth in ignorance. It represents a mystical belief in the supernatural, and asserts, in effect that something comes out of nothing by itself—that the germplasm automatically does that thing which it cannot do.

The superior man had two parents, four grandparents, eight great-grandparents, sixteen great-great-grandparents, and soon. As we go back the pedigree spreads out fan-shaped to include greater and greater portions of the entire population. In twenty generations the pedigree is extended to include more than a million ancestors, and in thirty generations it is more than a billion. Many of these are necessarily repetitions or duplications of the same persons because there were not that many persons in existence in the part of the world where the superior man's ancestors lived thirty generations ago.

The pedigree of the inferior man also spreads out in fan form to more than a million in twenty generations and more than a billion in thirty generations. But long before we come to the million mark the two pedigrees overlap and each contains many ancestors which are common to both. And before we reach the billion mark we come to a generation which has in it no person who is not common to both pedigrees. The superior man and the inferior man are the products of a similar mixture of all of the germplasm which existed a thousand years ago in their common ancestors and is continued down to the present time. The continuity of the germplasm may be, and probably is, a real thing, but that additional assumption that it does not change from generation to generation is a chimera. The idea that the good

and bad can be separated from each other by continually mixing all kinds together does not appeal to reason. Modifications must occur quite rapidly in local branches, as we may see from the fact that superior and inferior men are often cousins. It cannot properly be said that the difference comes from mixing the common stream with good germplasm on one side and poor germplasm on the other, because the branch stream which is assumed to furnish the good germplasm produces something poor in another branch, and the branch stream which is assumed to furnish the poor germplasm also furnishes something good in another branch.

A stream cannot rise above its source, but the water in the stream may be elevated above its source by the performance of work. So it is with the germplasm. Its power of producing superior individuals cannot be increased by any sorting over of what is already in it, but it can be improved by the performance of work. The exact process by which the improvement occurs is not clear from the physiological standpoint, but the fact of such improvement as the result of work performed is abundantly demonstrated. Statements to the contrary simply represent ignorance of the evidence.

Holmes said that a man's education should begin with his grandfather, and by that he meant that the effect of education is cumulative through the generations by being passed along by heredity. Repeated and extended tests show that Holmes' statement is true, and that no mental improvement comes in the human race except by giving parents and grandparents an extra amount of education before they reproduce. Records are frequently incomplete, but an investigation into the ancestries of the eminent men of the world shows no case of one being produced in any other way than in accordance with the Holmes formula.

The matter of developing physical strength may be investigated by examining trotting power in horses, and here

we also find the Holmes formula to be the only thing which brings results. Improvement in trotting powers continues from generation to generation as long as we continue to give sires and dams good trotting education before they reproduce. But omit that education of sires and dams, or permit it to fall below a certain standard amount, and decline in powers immediately sets in. The evidence for these facts is very conclusive, and was published many years ago in *The Horseman* and *The Horse Review*, both of Chicago. Trotting horse breeders have learned this fact by experience, even if it is not known to the professors in our universities.

Investigation of this matter along many lines reveals a general law, or more properly, a general fact resulting from the operation of law. Taking groups of different animals, such as men, horses, dogs, cows, cats, hens, etc., each group stands on a certain level in regard to its mental and physical powers. Individuals within each group differ widely in their powers, but it is quite easy to establish the level for any group as a group. The level for each group is found, on examination, to correspond exactly to a certain definite amount of work performed by the average individual before reproducing. Whenever the amount of work *per generation* increases before reproducing, then the animals in such group, be it large or small, rise to a higher level of power in succeeding generations. Whenever the amount of work per generation decreases, then the animals in succeeding generations fall to a lower level of power.

Applied to human beings this means that if we give our young men and young women a greater amount of education, mental and physical, before we permit them to marry, the race will improve. If they get less education, less mental and physical development before reproducing, then the race will degenerate.

AMERICAN PROCTOLOGIC SOCIETY:—ABSTRACT  
OF PAPERS.

*Eighteenth Annual Meeting, held at Detroit, Mich., June 11  
and 12, 1916*

*(Concluded from October Number)*

**"ANO-RECTAL INJURIES":**—*Samuel Goodwin Gant, M.D., LL.D.*—The author stated that while the rectum is protected by the buttocks, and bony structures, it is frequently injured by external trauma, expulsion of hardened feces, and foreign bodies, swallowed or introduced through the anus, such wounds being contused, lacerated, incised or perforated.

Laceration of one or all of the rectal coats, results from careless examinations, introduction of imperfect syringe nozzles, bougies, proctoscopes, or other instruments.

Perforating wounds are caused by bullets, knife thrusts, and pointed objects that have been swallowed, or introduced into the rectum, except when due to specific ulcers or cancer.

Recently many pneumatic rectal ruptures, the result of compressed air introduced through the anus, in a spirit of fun have been reported.

The injection of carbolic acid, into hemorrhoids is responsible for extensive ano-rectal injuries.

*Symptoms:* The chief manifestations of superficial ano-rectal injuries are bleeding, sphincteralgia, frequent micturition, and painful defecation; symptoms that are exaggerated, when wounds are extensive.

Infected wounds are characterized by a chill, temperature, throbbing pain, swelling, and a thick yellow discharge.

In extensive injuries of the upper rectum, hemorrhage is profuse. There is shock, the patient collapses, and soon exhibits symptoms of peritonitis, when the peritoneum is involved.

*Diagnosis:* The treatment of ano-rectal injuries is easy when the nature of the accident has been learned, the degree of hemorrhage, bruising and swelling have been

learned, noted, and the buttocks, anus, and rectum have been inspected, and digitally and proctoscopically examined.

*Treatment:* Minor injuries take care of themselves, while extensive injuries may require simple or complicated treatment.

Incised wounds are sutured, under aseptic conditions.

Contused, lacerated and pneumatic injuries are drained at one or more points, following irrigation, and the removal of ragged edges and necrotic tissue. Subsequently they are treated by drainage and topical applications, as fistula wounds.

Injuries of the bladder and urethra are immediately closed when feasible, but if not, the bladder is drained, and the wounds here and in the rectum are permitted to heal by granulation.

Small recto-vesical rents are sutured, but where the rectum or sigmoid is extensively injured, the bowel is resected, or an artificial anus is established.

Recto-vaginal tears are repaired by suturing the vaginal before the rectal side of the wound is closed.

THE CONSIDERATION OF RECTAL AND COLONIC DISEASE IN LIFE INSURANCE EXAMINATIONS:—*By Alfred J. Zobel, M.D., San Francisco, Cal.*—All important data concerning the vital organs is obtained by a medical life insurance examiner by direct examination and by precise methods. On the other hand life insurance companies evidently do not attach much importance to the condition of the rectum and colon—not to mention the rest of the alimentary canal—for they seem willing to assume that these organs are free from disease solely from the favorable answers given by the applicant to routine printed questions asked by the examiner. That this is a fallacy, inasmuch as it paves the way to the acceptance of poor risks, and occasionally to the rejection of a good one, is shown in this paper.

Applicants almost invariably deny having or ever having rectal or colonic disease. The writer thinks that perhaps the



main reason for this general denial is the ease with which these affections can be concealed from the examiner, unless he makes an examination.

The average individual knows little about his ano-rectal region, and unless there is severe pain or itching, alarming bleeding, or annoying dysentery, he thinks it of little importance and unworthy the attention of either himself or the examiner. The rectal surgeon often sees individuals who look and feel in the best of health, (outside of "a little attack of pile"), yet who are found victims of well advanced malignant disease of the rectum or colon. Unless a rectal examination be made such a person could easily pass a life insurance examination.

The examiner should look out for those little fistulous tracts which cause no pain and discharge but little secretion, as they are frequently the primary manifestation of tuberculosis, and may appear in those who are otherwise apparently healthy. A severe stricture of the rectum may be present in a man outwardly perfectly healthy and insurable. If no history of his condition was volunteered such a person could pass an examination unless the rectum was examined.

If a history of hemorrhoids is secured, or if on examination, it should not be forgotten that although their existence does not constitute a good cause for rejection, they often accompany liver, spinal cord, genito-urinary and uterine disease.

In cases where a suspicious anemia is found to be due solely to bleeding from hemorrhoids, these individuals could be conserved to the life insurance business if put in the way of regaining their health so as to become insurable.

If a rectal examination is made the condition of the genito-urinary organs in the male can be investigated at the same time, while in the female accurate information can be obtained about their pelvic organs without subjecting them to a vaginal examination. At the present time insurance com-

panies do not demand an examination of the female generative organs but accept their answers to the questions whether they ever had any uterine disorder and if pregnancy now exists.

In conclusion, the suggestion is offered that medical examiners should lay more stress upon the questions regarding the condition of the bowel and rectum. They should inquire carefully whether there is or has ever been a sanguineous, purulent or mucous discharge from the rectum. A history of chronic constipation or of diarrhoea should be considered worthy of further investigation. A rectal examination, both digital and instrumental, should follow if there is need therefor, or whenever there is the slightest suspicion that by it something may be revealed.

That medical examiner is the most "efficient" who not only secures his company from poor risks but also saves it business which otherwise would be lost. The utilization of rectal examination helps attain "efficiency."

**SPASMODIC STRICTURE OF THE RECTUM:—***By Louis J. Krouse, M.D., F.A.C.S., Cincinnati, O.*—Dr. Krouse says that spasmodic stricture of the rectum was often called phantom stricture on account of its imaginary existence.

He makes the statement that in the early part of the last century it was more frequently diagnosed than later on. At the present time, the opinion regarding the existence of such an affection is equally divided between those who are firm believers and those that doubt its existence.

After quoting the statements of various authors well versed in rectal pathology, he expresses his own opinion in its existence and reports several cases. He also makes the statement and agrees with a few writers who believe that spasmodic stricture is often the forerunner of the more serious disease of benign stricture of the rectum. He reports several cases.

He claims that spasmodic stricture is not a disease but only a symptom of some other disease located in the rectum or in an adjoining organ.

His conclusions are:

First, that it is not a common affection.

Second, that it is easily detected on digital examination.

Third, that it often terminates in an annular fibrous stricture.

Fourth, that it involves the lower Houston valve.

Fifth, that a rectal ulcer is the most important etiological factor.

Sixth, curing the ulcer in its early stage lessens the chances of the development of an annular fibrous stricture.

**SYPHILIS OF THE RECTUM:**—*By G. Milton Linthicum, M.D., of Baltimore, Md.*—Syphilis regarded as a contagious disease as other exanthemata is characterized by its chronicity and virulency. The only exception to its point of inoculation being confined to tissues covered by squamous epithelium, is within the rectum.

Its frequency in the rectum and anus is not realized and, in consequence is not recognized by the profession. Its relationship to fistulae and stricture is emphasized, and the importance of tuberculosis in these two conditions minimized. The successful treatment of fistulae is proverbial. The possibility of stricture, resulting from secondaries later in life, suggested.

**ACUTE ANGULATION AND FLEXURE OF THE SIGMOID A CAUSATIVE FACTOR IN EPILEPSY. REPORT OF NINE NEW CASES WITH FOUR RECOVERIES:**—*By W. H. Axtell, M.D., A.M., Bellingham, Wash.*—In December, 1910, I published my first list of thirty-one cases—eight private and twenty-three asylum cases; in August, 1911, a further report on ten private cases with three recoveries—this included three additional asylum and two private cases, making in all thirty-six cases. The three reported cured have remained so for a period now of over four years. One additional case (No. 4) of the original list of ten private cases has had no return of the convulsions since ceasing treating

two years ago, treatment seemed at the time to increase the irritation as reported.

*Additional Cases:* Since last report I have had nine additional cases with four of them remaining free from seizures for from one year to two and a half years, making in all forty-five cases reported, with eight recoveries to date.

*Observations:* From my observations I am convinced that those who acquire epilepsy after the fifteenth year are more amenable to successful treatment than when commencing earlier in life. In my judgment surgery can give but little relief except where there is a definite history of inflammatory adhesions holding the angulations and flexures, in fact the condition of fecal stasis precludes surgery of the colon until the condition is first relieved, which when so relieved, a prime factor in the production of the trouble is eliminated. A new and undescribed cause of the intestinal ptosis which is so generally present in these cases is the separation of the Recti Muscles, which are so essential to a thorough evacuation of the colon and for the support of the abdominal organs.

The essential failure of treatment of these conditions lies in the fact that so few recognize the true condition, and, if the condition is recognized, there is not sufficient persistence in relieving the condition, or an ignorance as to the amount of material the colon holds and as to when it is well emptied, that is the reason so many fail and as a result mutilating surgery is resorted to without getting results commensurate to the gravity of the surgery resorted to,—the first intimation of the true condition is found upon opening the abdomen,—then details are carried out which should have been used in the first instance, then surgery would be unnecessary.

THE RELATION OF THE ROENTGENOLOGIST TO THE PROCTOLOGIST:—*By Walter I. LeFerre, M.D., Cleveland, O.*—This paper calls attention to the advancement made in, Roentgenology in recent years, and gives statistics as to the men devoting their entire time to the subject. He also

mentions the increase of special literature upon the subject, as well as the immense manufacturing interests which have sprung up.

The conclusion is drawn that to the proctologist the X-ray is of value just in proportion as he is interested above the sigmoid flexure. Below this point the proctoscope gives direct information.

Because of the expense and the refinements of technic the writer feels that the proctologist should work in conjunction with his friend the roentgenologist.

**POSITION FOR SIGMOIDOSCOPIC WORK:—***By Donly C. Hawley, A.B., M.D., Burlington, Vt.*—A majority of writers express a preference for the knee-chest position, while a minority prefer some other *e. g.*, Hanes, Sims, or the exaggerated lithotomy position.

Before the days of the pneumatic sigmoidoscope the position was of necessity such as would admit of inflation by atmospheric pressure. Here the knee-chest position was undoubtedly the most satisfactory.

The knee-chest position is trying and disagreeable for the patient and not easy nor always convenient for the operator.

Its use is frequently attended with embarrassment and fear on the part of the patient.

With the pneumatic tube the older method may be done away with.

Place patient in left lateral prone position with left arm drawn out behind back, the patient lying well over on left chest and stomach, the knees flexed, the right more than the left and placed above and well over and beyond the left on the table and with the back concaved as much as possible.

In this position the abdominal muscles are relaxed, while in the knee-chest position they are apt to be contracted.

In a majority of cases the instrument may be passed easily and quickly over the brim of the pelvis and into the sigmoid colon as far as required or to its full length.

This method not advocated exclusively, but a more thorough trial is urged.

**TUBERCULOSIS CUTIS ANI:**—By *D. C. McKenney, M.D., F.A.C.S., Buffalo, N. Y.*—An interesting case of tuberculosis of the anal skin is reported.

From the clinical study of the case Dr. McKenney infers that the infection started from the anal canal rather than in the skin around the anal orifice. An active respiratory infection, associated with aphonia, seems strong evidence that the infection was carried in the feces to the anus. Two photographs of the local condition were presented.

**A BRIEF REPORT OF TWO CASES OF ANAL HERPES ZOSTER:** *Lewis H. Alder, Jr., Philadelphia, Pa.*, stated that cutaneous lesions about the anal region are by no means unusual, and that the frequency of their occurrence is much less than one might reasonably expect from the function of the part,—its more or less constant contact with germ-laden feces; the frequent congestion to which it is subjected and the attrition of the nates and adjacent structures induced by walking, etc.

That in this connection a very unusual condition, so far as his experience went, was Anal Herpes Zoster, of which he had only seen two cases in his practice, both being in young women, one of whom thought she had contracted some venereal trouble from using towels in a public bathing establishment.

That in both instances, the eruption was preceded for several days by a mild febrile disturbance, with burning pains in the anal region; at times the sensations were neuralgic in character. That in both patients, the lesions were confined to a definite area, affecting only one side of the anal cutaneous surface; that the eruption in neither case was very extensive nor numerous and there was no history of previous attacks or of similar trouble elsewhere.

That the vesicles in both cases followed the usual course of Herpes Zoster occurring elsewhere; the liquid they con-

tained was clear, translucent serum, at first; which gradually became cloudy and later puriform. That they never evinced any tendency to rupture and in the course of ten days or two weeks, they gradually dried to thin yellowish or brownish crusts, which shortly dropped off, after which there was left a reddish spot, covered with the epidermis; and that these spots were very slow in disappearing.

That the local discomfort in both cases was not lessened on the appearance of the eruption, but more or less burning was experienced, until the eruption had practically disappeared and that in one case it continued for several weeks afterward.

That the pain was so severe, in one case, that family physician found it necessary on several occasions to prescribe an anodyne.

That the treatment in each case was similar. Internally, liquor potassi arsenate, six drops was prescribed; locally, the parts were cleaned with a two per cent creoline solution and freely dusted over with borated talcum powder. Over this a wad of absorbent cotton was applied and kept in place by an appropriate bandage.

**PRURITUS ANI:**—*Dr. William H. Kiger, Los Angeles, Cal.*, reports six cases of Pruritus Ani treated by the vaccine method as suggested by Murray. Cultures were taken from the skin at the anal junction. In every instance streptococcus haemolyticus found. No local application of any kind was used. The results are attributed to vaccine treatment alone. He discredits the use of stock vaccines, and suggests the use of autogenous vaccine only. Consider the local infection as a prime factor in an etiologic way. Also he reports three cases evidently due to an infection from abscesses at the roots of teeth. He says that all of the cases reported had pyorrhea, and suggests a thorough examination of the teeth, together with an X-ray picture of the jaw. He believes that a reinfection often takes place.

Officers elected for the ensuing year: President, Alfred

J. Zobel, M.D., San Francisco, Cal.; Vice-President, Granville S. Hanes, M.D., Louisville, Ky.; Secretary-Treasurer, Collier F. Martin, M.D., Philadelphia, Pa.

Executive Council: 1. T. Chittenden Hill, M.D., Boston, Mass.; 2. Alfred J. Zobel, M.D., San Francisco, Cal.; 3. Wm. M. Beach, M.D., Pittsburg, Pa.; 4. Collier F. Martin, M.D., Philadelphia, Pa.

The place of meeting for 1917 will be New York, N. Y. Exact date and headquarters will be announced later.

The following were elected Associate Fellows of the Society: W. Oakley Hermance, M.D., 2040 Pine St., Philadelphia, Pa.; Geo. B. Moreland, M.D., F.A.C.S., 303 Second National Bank Bldg., Pittsburg, Pa.

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### *Obituary.*

Dr. James M. Coyle, aged 67 years, a prominent member of the Nashville medical fraternity and a practicing physician of this city for nearly forty years, died at 8:15 o'clock Saturday night, October 21st, at his home, 1519 Broadway, following an illness of several months. His death was not unexpected, for he had been gradually growing weaker for the past several days, but it came as a severe shock to his many warm friends in this city and throughout the state.

Dr. Coyle came to Nashville to live about fifty years ago and had followed his chosen profession regularly until a few years ago, when an injury sustained in a street car accident affected his health and caused him to abandon practice. Dr. Coyle returned from French Lick Springs only a few weeks ago and had been confined to his bed the greater part of the time up until the moment of his passing.

Dr. Coyle was born in Iowa, and in his boyhood days went to Huntsville, Ala., with his parents. He received his education in St. Mary's College in Kentucky and in the Medi-



cal Department of the University of Nashville and Vanderbilt. Immediately after receiving his degree of M.D., in 1879, he began his career here as a practicing physician with the late Dr. Thomas O. Summers, a very distinguished physician of that time.

Dr. Coyle was a prominent member of the Nashville Academy of Medicine and the Davidson County Medical Society. He was a member of the Knights of Columbus, having served as its medical inspector for the past fifteen years; and the Ancient Order of Hibernians.

During the centennial exposition Dr. Coyle served as chief marshal of the magnificent parade which opened that celebration. He was at that time surgeon of the Tennessee State Guard, with the rank of major.

He was a devout Christian and took a great deal of interest in the work of the church. He was always one of the most charitable of the local physicians, giving his services generously to the poor.

Dr. Coyle was married to Miss Adelaide McCullough on January 16, 1890. They were blessed with a talented daughter, Miss Elizabeth Coyle, now well known in local artistic circles.

Funeral services were held at 6:30 o'clock the morning of October 22d, from the family residence. Requiem high mass was said at the Cathedral of the Incarnation at 7 o'clock, and the remains were taken to Huntsville.

The following friends served as pall-bearers:

Honorary—Drs. C. S. Briggs, Duncan Eve, Sr., and Jr., W. D. Haggard, E. L. Gleaves, W. J. Morrison, Deering J. Roberts, John A. Gaines, William Lee, B. F. Banks, and Messrs. Jesse Thomas, W. W. Berry, John Wesley Gaines, Sr., and M. T. Bryan.

Active—Harry Grimes, Oliver Timothy, Mike Laffey, David J. Kuhn, William and Lem Warner, P. D. Daly, Paul Schoenpflug and Euclid Snow.

Kind, genial, unassuming and generous to a high degree,

strictly ethical and courteous in his professional relations, he will be greatly missed, and we desire to tender our most sincere sympathies to his bereaved widow and daughter in the great loss sustained by them and this community.

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## *Editorial.*

### SOME NEEDED SANITARY AND PUBLIC HEALTH MEASURES

With the organization of our municipal Health Board nearly a half century ago, and our State Board of Health a decade subsequently, we can readily see that marked beneficial results have been attained in protecting the health and prolonging the lives of our fellow citizens, so much so that any effort to do away with them would meet with universal disapproval. And while the original measures and methods have been to some extent improved and enhanced by subsequent State and municipal legislation, there are yet some important features that require careful consideration. During the last month two very important measures have been advocated by some of our most progressive, logical and clear-thinking citizens. From the *Nashville Tennessean and American* of October 18th we quote the following brief but pertinent editorial:—

“The Chattanooga Engineers’ Club did an excellent thing in taking the initiative in a movement to have the legislature enact a law for the creation of a bureau of sanitary engineering in connection with and under the control of the State Board of Health. The resolutions adopted point out that the most important work of the Board of Health lies in control of the drainage of watersheds, abatement of offensive stream pollution, stopping the indiscriminate discharge of trade wastes, exercising general supervision of such public utilities as affect the public health, water purification plants, treatment works, garbage incinerators and reduction plants, approval of all plans for sanitary improvement, direction and shaping of State public welfare work along engineering lines.”

The club petitions the Governor to investigate the State’s needs in this line and to take such steps, through a message or otherwise, as will induce the Legislature to enact the needed legislation. In this action the Chattanooga Club should be joined by the Nashville, Memphis and Knoxville Engineering Clubs and by various other organizations throughout the State. With its work thus broadened, the

State Board of Health could bring about a marked decrease in the mortality rate both of cities and rural communities."

Another measure of equal if not greater importance is the organization of the *Tennessee Society for Mental Hygiene*, October 17th and 18th, which was participated in by some of our most prominent and leading professional and non-professional men and women. We take great pleasure in submitting, also, another editorial from our previously quoted secular contemporary which we most heartily and sincerely endorse and commend to the careful consideration of our readers:

"In recent years there has been an awakening concerning the problems of public health largely in the way of prevention of disease. This awakening has had its foundation in the discovery of the causes of disease. The ways and means of prevention have been founded upon the ascertained causes. Public hygiene and public health measures are one and the same when directed toward the prevention of disease. This public health movement has extended to the conservation of mental health and all that pertains thereto, and for the reasons that prevention is better than cure. Throughout this country mental hygiene is now conceived to be one of the greatest needs of every State and every community. Mental disease is a great and growing menace which every State must recognize, and for the protection of the unfortunates thus afflicted, as well as a social and physical need in prevention, treatment and care, every State must assume the obligation of the care of the insane, the feeble-minded, the epileptic, the dependent and the delinquent. All of these several classes either directly or indirectly in their treatment and care are problems in mental medicine.

The economic burden which every State must assume in its endeavor to solve these problems is in most States in the expenditure of the money required, which is second only to the demands made upon the public treasury by public education. In the light of social progress every State is becoming increasingly responsible for the public care of the insane, the feeble-minded, the epileptic and the delinquent. The Society for Mental Hygiene of Tennessee has for its objects the better treatment and care of these unfortunates, better housing, better laws regulating their detention and care, better service in commitment, and after care, and last but not least, to enter upon a campaign of education to combat mental disease from the standpoint of prevention. People generally regard mental disease with a peculiar awe and a feeling of hopelessness and helplessness. This works great harm to those suffering from such disease and adds to the burden of the State. The people must know the facts about the

# Defective Elimination

readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise; thus *cause* and *effect* form a circle which must be broken by rational therapeutic treatment while proper hygienic conditions are being re-established.

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performs a *double service* by stimulating to normal function and by disinfecting the intestinal and urinary tracts.

**Specially Indicated in the Treatment of Gouty Conditions and Auto-Intoxication of Self-Poisoning Diseases, Such as Pellagra, Typhoid, Etc.**

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A teaspoonful Contains { Sod. Phos. gr. XXX.  
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4 level tablespoonfuls		Protein	2.28
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8 fluidounces		Salts	.58
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8 fluidounces			100.00

The principal carbohydrate in Mellin's Food is maltose, which seems to be particularly well adapted in the feeding of poorly nourished infants. Marked benefit may be expected by beginning with the above formula and gradually increasing the Mellin's Food until a gain in weight is observed. Relatively large amounts of Mellin's Food may be given, as maltose is immediately available nutrition. The limit of assimilation for maltose is much higher than other sugars, and the reason for increasing this energy-giving carbohydrate is the minimum amount of fat in the diet made necessary from the well-known inability of marasmic infants to digest enough fat to satisfy their nutritive needs.

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causes and thus learn how to prevent mental disease. This knowledge will combat the present feeling in regard to mental disease by acquainting the public with their nature and thus stimulating more confidence in prompt and early treatment; the extension of facilities for the care and treatment of such cases. The Society for Mental Hygiene of Tennessee starts off with earnest endeavor and with the co-operation of the good citizens of this commonwealth it should become a great asset to its public service and social progress. There is an open field for its activities, and it should become the foremost organization in the State in stimulating a campaign of education, in securing appropriate legislation and in inaugurating improved facilities for and better consideration of the needs of the insane, feeble-minded, the epileptic and the delinquent."

In the resolutions adopted by the organization Wednesday afternoon in its concluding session the name of the State reformatory for boys will be asked to be designated the "State School for Boys." This action was taken because of the stigma usually attached to the boy who has attended the State school.

During this session the report of the Committee on Resolutions and the plan for raising funds by inaugurating a membership campaign, were the leading features. Nearly all the members of the society pledged themselves to secure ten members in an effort to raise the membership of the society to 1,000. The resolutions were adopted after some discussion about certain paragraphs. Every doctor in the State should become a member of the organization.

The address of Judge D. C. Webb was the leading one of the last day of the conference. The speaker predicted a time when every State official would take an active interest in the child welfare movement. He said the interest was already gathering force and the way was much easier than in the past. He suggested that a personal canvass of the legislators be made before gathering for the coming season. If this should be done, the speaker said he believed every man would vote for the proposed legislation.

Mrs. Alex Caldwell told of the work being done in connection with the proposed vocational school to be located at Tullahoma, and for which \$25,000 had been appropriated by the State.

The platform of the organization asks for remedial legislation for the care of the insane and feeble-minded now incarcerated in the county jails of the State the same as criminals, and urges the need of an institution to care for these unfortunates and work to reclaim all possible cases through the medium of skilled experts. Enlargement of present institutions for the care of dependent and delinquent children was asked and certain changes made in the case of mentally

deficient, in which class the greater group of subnormal cases are placed.

The very fact that an insane person should be incarcerated in a jail is a disgrace to our State and a sad blot on our individual humanity. Mental alienation is not a crime, but a disease as much so as smallpox, tuberculosis or yellow fever. Whether functional or organic, the earlier a case is placed in the care of able and experienced medical attendants, with properly trained and efficient nurses, with suitable environment, the greater possibility of a cure; also, the same may be said of the epileptic. The longer these conditions are allowed to persist, the more certainty of their becoming incurable. In no other morbid or abnormal condition is the principle of "*obstat principiis*" so imperative.

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**THE DELICATE SCHOOL GIRL:**—Even the most robust and generally healthy children show the deleterious results of the modern system of educational "forcing" that prevails in most of our larger cities. The child that starts the school year in excellent physical condition, after the freedom and fresh air of the summer vacation, in many instances, becomes nervous, fidgety, and more or less anemic, as the term progresses, as the combined result of mental strain and physical confinement in overheated, poorly ventilated school rooms. How much more likely is such a result in the case of the delicate, high-strung, sensitively organized, adolescent girl? It is certainly a great mistake to allow such a girl to continue under high mental pressure, at the expense of her physical health and well being, and every available means should be resorted to to conserve the vitality and prevent a nervous breakdown. Regularity of meals, plenty of sleep, out-of-door exercise without fatigue, open windows at night and plenty of nutritious food, should all be supplied. Just as soon as an anemic pallor is noticeable, it is a good plan to order Pepto-Mangan (Gude) for a week or two, or as long as necessary to bring about an improvement in the blood state, and a restoration of color to the skin and visible mucous membranes. This efficient hematinic is especially serviceable in such cases, because it does not in the least interfere with the digestion nor induce a constipated habit.

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**A WIDELY USEFUL SOAP:**—There are a number of so-called anti-septic soaps. Probably the most generally serviceable of these is the Germicidal Soap, formula of Dr. Charles T. McClintock, which has been not inaptly designated "the soap of a hundred uses"—a soap made from pure vegetable oils and containing the powerful anti-septic mercuric iodide. As indicative of the germicidal power of this soap it may be said that a solution of it containing one part of mercuric

iodide in five thousand parts of diluent will destroy pus organisms in less than five minutes. It is undoubtedly the most available antiseptic for the general practitioner. There are no solutions to carry. The soap is always ready for use. It does not stain linen or tranish polished instruments.

Some of the uses to which Germicidal Soap is adapted are these: To prepare antiseptic solutions; to sterilize the hands, instruments and site of operation; to cleanse wounds, ulcers, etc.; to lubricate sounds, specula and catheters; to destroy infecting organisms in skin diseases; to disinfect surface lesions; to control itching in skin affections; to make solutions for the vaginal douche; to destroy offensive odors; to cleanse the hair and scalp and remove and prevent dandruff; to disinfect vessels, utensils, etc.; to wash and sterilize bed-linen used in the sick-room. It is apparent from the foregoing that the soap is at once an antiseptic, disinfectant, deodorant, sterilizer, lubricant and cleanser.

As most physicians probably know, Germicidal Soap, McClintock, is manufactured by Parke, Davis & Co. It is supplied in two strengths, containing, respectively, one per cent and two per cent of mercuric iodide. It is well to specify "P. D. & Co." when ordering from the druggist.

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IN FUNCTIONAL NERVOUS DISEASES:—The first and fundamental question which the earnest physician asks to-day in determining the utility of any remedy he wishes to use is, "What will it accomplish?" If it does what he asks it to do, and does it better than anything else he has ever employed, he will certainly use it in preference to anything else. If it fails and proves valueless, he will as certainly discard it in short order. His common sense and intelligence will permit of no other course, for medical men build their practices on successes, not on failures. Beneficial results of a definite, positive character are constantly sought, and it is in achieving these that a physician proves his worth as a practitioner of medicine. Thus in the treatment of functional nervous diseases derangement of the bodily nutrition is so prominent a factor that the first consideration in these affections is a restoration of the nutritional balance. To accomplish this Gray's Glycerine Tonic Comp. is widely recognized as a remedy of remarkable efficiency. Under its systematic use the appetite is increased, the digestion is improved and the nutrition shows a marked and substantial gain. Coincident with this nutritional gain there is a corresponding increase in nerve force with a very pronounced and gratifying correction of insomnia, indigestion, headaches, vague pains, nervousness and other symptoms of nervous origin.

If you have some case of neurasthenia or other functional nervous



disease and would like to give Gray's Glycerine Tonic a critical trial why not send to-day for samples? A supply will be sent you at once. Address the Purdue Frederick Co., 135 Christopher Street, New York.

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"IT'S A CONDITION THAT CONFRONTS US, NOT A THEORY:"—These were the words of a celebrated statesman, and they apply with particular force in treating the many conditions presented daily to the physicians. Theory is most admirable where it works out in practice, but where the practical is subjected to the theoretical, results are frequently disappointing. When confronted with a case of dysmenorrhea, is it not well to at least try a remedy like Hayden's Viburnum Compound, which for years has enjoyed the confidence of some of the best men in the profession? All dysmenorrheal conditions are not amenable to internal treatment, but it is within the intelligence of the attending physician to differentiate and act accordingly. Menorrhagia, Rigid Os, Threatened Abortion, and other Gynecological and Obstetrical conditions have responded most satisfactorily to the administration of H. V. C. where indicated. If given a trial, the original Hayden's Viburnum Compound administered in hot water, teaspoonful doses, will enjoy and retain your confidence. If confidence is lacking to the extent of giving it a trial, consider that Marion Sims found H. V. C. a most serviceable and satisfactory remedy, and so referred to it in his writings. Formula, literature, and a sufficient supply for clinical demonstration will be sent on request to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

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THE EFFECT OF STIMULATING CELL NUTRITION:—In many conditions of a chronic character improvement may be expected to follow the use of agents calculated to influence nutrition of the individual cells. Thus, if the cells be stimulated to better assimilation and elimination, diseased states due to interference with these normal functions of the cellular constituents of the vital organs must of necessity undergo a change, for the underlying and continuing cause is being altered. The drugs usually employed for this purpose are those termed the alteratives, an efficient representative of which class is *Iodia* (Battle).

*Iodia* is a combination of iodide of potash with the active principles of the green roots of stillingia, helonias, saxifraga and menispermum. It has been found in severe clinical tests to exert an influence on the vital functions, the explanation of its favorable effect being sought for in the stimulating action of its several constituents on the normal processes of the body's cells. In chronic gout and rheumatism, glandular diseases and chronic affections of the skin *Iodia* will offer evidence of its therapeutic value.

THE FAIRCHILD TABLET OF THE *BACILLUS BULGARICUS* contains the bacillus of the Fairchild Culture, type A, conserved in a vital state with a particular "resistance" and length of life, in consequence of methods thoroughly worked out, scientific expert technic. The tablet should not, however, be unnecessarily exposed to ordinary summer room temperature, but should be kept in a cold place—ice box or refrigerator.

*In warm climates and at long distances*, the tablet, obtained under proper conditions, is especially suitable, reliable and satisfactory. Where the patient cannot obtain the tablets conveniently, we will (upon request and remittance) send direct by mail. We would urgently request that physicians instruct their patients when purchasing tablets from druggists to be sure that they are taken from the refrigerator or ice box.

The Fairchild Tablets are put up in small vials (5 vials of 10 tablets each, in a box), enabling the patient to keep the original package properly, and remove only one vial at a time. Retail price, 75c a box. Fairchild Bros. & Foster, Washington and Lighthouse Streets, New York, N. Y.

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HARD, DRY FECES:—"Interol" is suggested as a means of overcoming this difficulty—and a hard, dry fecal mass is indeed a difficulty—because "Interol" has several points in its favor.

In the first place, it becomes part of the intestinal contents as they emerge from the cecum into the colon. It is thus mixed with them, and covering them. Under its influence, feces cannot become hard and dry. The colon may absorb all the *water* it wants, but "Interol" remains with the mass all through its colonic and rectal journey, finally lubricating it past the sphincter ani, during the defecation act.

By so doing, straining at stool, which is an invariable accompaniment of hard, dry feces, no longer is a necessity, and herein lies the value of "Interol," not only as a fecal softener, and lubricant, but as a prophylactic measure in the prevention of the many *physical* sequelae of straining at stool, including hernia, hemorrhoids and prolapse (rectal and uterine). Four page circular on "Hard, Dry Feces" sent on request. Also four page circular on "Straining at Stool." Or Interol-lubrication booklet. Van Horn & Sawtell, 15-17 East Fortieth Street, New York City.

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A SEDATIVE WHICH MAY BE RELIED UPON:—So many sedative agents have disadvantages of one kind or another that the physician oftentimes is in a quandary as to just what drug or combination to employ. This is particularly so if the patient be a woman or child. In *Pasadyne* (Daniel's Concentrated Tincture of *Passiflora Incarnata*),

the clinician will find a soporific product which meets every requirement. It not only produces prompt sedation, but furthermore is free from disagreeable after-effects. The sleep secured through its administration is tranquil and refreshing. It is especially adapted for use in women and children, for it is free from the dangerous possibilities of other agents so widely employed for the same purpose. Whenever you wish to produce sedation use *Pasadyne* (Daniel). It has no concern with the Harrison Act. A sample bottle may be secured by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Ga.

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**JOURNALISTIC CHANGE:**—*The Texas Medical News* celebrates its twenty-fifth anniversary by a change of policy, form and style, into a journal national in character, to be known as *Medical Insurance and Health Conservation*. It has received approval by members of the medical sections of the American Life Convention—an organization made up of some one hundred of the legal reserve life insurance companies of the Central, Southern and Western States. It has also received endorsement of life insurance companies of the United States. As associate editors we find some of the leading medical directors of life insurance companies in the South.

The size of the new journal will be seven and three-fourth inches by ten and three-fourth inches—somewhat larger than its former predecessor, *The Texas Medical News*; while the reading matter will be run in double column pages. We wish our confrere, Dr. M. M. Smith, all possible success. His postoffice address will be P. O. Box 207, Dallas, Tex.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that has proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**PROTECTION FOR OLD PEOPLE AGAINST BRONCHITIS:**—With the onset of winter with its changeable weather, the old folks of reduced vitality

and resistance, begin to suffer from bronchial inflammation. Prevention of these conditions is betetr than cure, and prevention lies in the employment of those agents that will add to the patient's bodily strength and more narrowly the resistance of bronchial tissue to atmospheric disturbances with a consequent germ invasion. For this purpose *Cord. Ext. Ol. Morrhuæ Comp.* (Hagee) has been found to be of the utmost value, not alone for its therapeutic influences, but also by reason of the fact that it does not upset the stomach. Give it to your patients who suffer annually from bronchial attacks.

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MEETING OF THE SOUTHERN MEDICAL ASSOCIATION:—On Monday, Tuesday, Wednesday, and Thursday, November 13th to 16th, the meeting of the Southern Medical Association will be held in Atlanta, Georgia.

The outstanding feature of the meeting is to be the clinics which will be held each morning from 8 to 10 by visiting physicians from various Southern cities. All the scientific sessions will be held under one roof—the great Auditorium-Armory.

Special entertainment is being provided for the doctors' wives, and a woman's health conference will be held for them.

There will be lots and lots of good things. Don't fail to go and get your share.

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"HIS ARMIES MARCHED ON THEIR BELLIES:"—In this terse sentence, the great Napoleon expressed perfectly the fact that "*man is only as strong as his stomach,*" and that when digestion is weakened the efficiency of the entire organism is impaired. The one remedial agent that will turn the dyspeptic, whether soldier or ordinary citizen, into a competent fighting man, is *Peptenzyme*, a powerful digestant, *capable of performing every function of digestion.* *Peptenzyme* is true to aim, certain in action and registers a hit whenever pointed at the enemy—*Indigestion.* Write to Messrs. Reed & Carnrick, 42-46, Germania Avenue, Jersey City, N. J., for a sample and be convinced.

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PEPSIN is undoubtedly one of the most valuable digestive agents of our *Materia Medica*, provided a good article is used. "*Robinson's Lime Juice and Pepsin*" (see advertising page 13, this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from *Pepsin*.

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THE CITY VIEW SANITARIUM is a psychopathic hospital, ethically

conducted in every particular. All necessary facilities for the proper care and treatment of mental and nervous diseases. Special attention also given to the treatment of the addictions, and provisions made to avoid any unpleasant association or contact of the classes of patients received. Two splendid and well equipped new buildings, one for each sex. J. W. Stevens, M.D., Physician-in-Charge, Nashville, Tenn.

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STANOLIND LIQUID PARAFIN is tasteless, odorless, colorless, and is practically without chemical affinity, and is affected by very few chemical re-agents. This feature is of paramount importance where physicians desire to administer a mineral oil in connection with other agents. A trial quantity with informative booklet will be sent on request. Standard Oil Company, 72 W. Adams Street, Chicago, U. S. A.

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"RHEUMATIC PAINS WILL SOON BE PREVALENT:"—In the treatment of gout, rheumatism, and other conditions due to faulty elimination, Hayden's Uric Solvent will prove of service. It stimulates functional activity and thus aids in carrying off effete and other substances that encourage not only rheumatic conditions, but many skin diseases manifesting faulty elimination. Formula, samples and literature will be sent on request if a card is addressed to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

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THE GOVERNORS OF THE NEW YORK SKIN AND CANCER HOSPITAL announce that Dr. L. Duncan Bulkley, assisted by the attending staff will give the eighteenth series of clinical lectures on diseases of the skin in the Out-Patient Hall of the Hospital on Wednesday afternoons, beginning November 1, 1916, at 4:15 o'clock. The lectures will be free to the medical profession, on the presentation of their professional cards. Frederic Haas, Chairman of Executive Committee, Second Avenue, corner Nineteenth Street, New York City, N. Y.

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PANOPEPTON, containing in an instantly available form the entire nutritive substance of beef and wheat, meets every scientific and practical requirement as a food for the sick, convalescent, invalid, etc.

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POLIOMYELITIS IN NEW YORK:—From June 1 to September 22, 1916, inclusive, there were reported in New York City 8,861 cases with 2,226 deaths. About seventy-five per cent. of the cases were reported in children one year and over but under six years of age.—*Va. Med. Semi-Monthly*.

## Selections

**PREVENTION AND LIMITATION OF DEFORMITY IN INFANTILE PARALYSIS:**—In the October number of *The Therapeutic Gazette*, Dr. Adolph Cohn, Assistant Orthopedist to the Medico-Chirurgical Hospital has a very excellent article, which concludes with the following:

Operative measures for the limitation of deformities are in many cases necessary because of inefficient treatment. They should not be resorted to for at least two to three years after the disease has started. The paralyzed muscles have been found to regain power as late as four and five years after inception of the disease. Therefore early operation is an admission of inefficiency (in nearly all cases). When operation is necessary the procedure may be:

1. Tenotomy: The peroneal group of muscles being most frequently affected the commonest deformity we have is an equinus. When stretching or stretching and plaster cast is insufficient a simple tenotomy of the tendo Achillis is necessary.

2. Muscle and tendon transplantation: This procedure offers by far the most desirable result in limiting deformity. A sound muscle or tendon in the vicinity of the paralyzed muscle or tendon is necessary. Periosteal insertion (with silk extension if necessary) has been found more advantageous than tendon grafting—that is, insertion of a healthy tendon or muscle into a paralyzed muscle or tendon.

3. Destructive operations such as arthrodesis, resections of joints, and osteotomy are performed only when all other methods fail, or when the case is of long standing. Astragalectomy may be mentioned here as an admirable procedure in certain pronounced foot deformities; this operation is being performed where formerly arthrodesis was used.

4. Silk ligaments also have their advocates, and when successful are a good procedure.

5. Nerve transplantation may be mentioned as a promis-

ing procedure, but as yet sufficient work has not been done to make it common.

*Conclusions:* (a) Importance of early and proper diagnosis.

(b) Advisability of consultation with an orthopedist.

(c) Value of lumbar puncture as an early procedure.

(d) Importance of absolute rest.

(e) Value of muscle training and muscle re-education.

(f) Massage, hydrotherapy, electricity, and baking are of benefit when properly coördinated and carried out jointly with one another.

(g) Necessity of the physician being able to give proper instructions when desiring to have a brace made.

(h) Necessity of proper care of braces under physician's observation.

(i) Operative procedures as last resort after waiting several years, or because of lack of treatment or improper treatment.

(j) Muscle and tendon transplantation is the operation of choice wherever possible.

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AN INVESTIGATION OF THE BEST METHODS OF DESTROYING LICE AND OTHER BODY VERMIN:—Kinloch in the *British Medical Journal* of June 3, 1916, reaches these conclusions:

1. As Bacot has shown, and as the writer's later experiments also demonstrate, lice do not survive immersion in boiling water.

2. Several insecticidal powders have been tested, and of these naphthalene, creosote and iodoform powder are the most destructive of lice.

3. Of the three constituents of N. C. I powder, naphthalene and creosote have each a strong insecticidal action. The insecticidal action of iodoform is feeble.

4. Naphthalene appears, so far as Kinloch's comparative tests have gone, to be the most suitable basis for use in the preparation of a powder destructive to lice. Commercial

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To hard-worked medical men, with a limited time for reading, a few opportunities for professional conversation, such a journal as this, bringing every month the latest ideas in medical practice and the latest records of important cases, ought to be invaluable. As a medical periodical that is within the reach of every professional reader, we respectfully submit it to your consideration.

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**Editor and Proprietor.**

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**NASHVILLE, TENN.**

naphthalene is more actively insecticidal than pure naphthalene, and it appears that the lethal power of naphthalene for lice is dependent in great part on the presence of hydrocarbons and coal-tar derivatives other than pure naphthalene.

5. The immediate lethal effect of creosote when mixed with naphthalene is less than that of some other insecticidal liquids, but the longer period during which creosote continues to act more than compensates for the initial disadvantage.

6. In addition to its feeble insecticidal activity, iodoform greatly increases the adhesiveness of N. C. I. powder for cloth. The inclusion of iodoform in the powder is accordingly justified, although similar adhesiveness of the powder is obtainable at less cost by substituting the insecticidally inert but cheaper magnesium silicate for iodoform in the powder.

7. The insecticidal power of naphthalene-creosote powders gradually diminishes when they are exposed in the open air.

8. The moist nature of such powders precludes their being used successfully in perforated tins, and it has not been possible to dry the powders and at the same time retain the moist and volatile hydrocarbons and other coal-tar derivatives on which the insecticidal effect mainly depends.

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THE FUNCTION OF THE THYROID:—Opinions with regard to the chief function of the thyroid differ considerably. Some believe that it governs metabolism, others that it is a vital antiseptic, and yet others that it is concerned with growth alone. In the *Medical Press* for June 7, 1916, Dr. Jos. Geike Cobb endeavors to answer these questions and gives a few facts and some theories dealing with the function of this gland. Firstly, then, the thyroid gland possesses the peculiar property—peculiar in the sense that it is not shared, so far as is known, by the other endocrine glands—

of being able to store its secretion. This is proven by the fact that in cases where the gland has atrophied or been removed, its secretion can be replaced by artificial ingestion. As Dale says, we quite naturally turn to the colloid as being the stored up secretion, and, indeed, are justified in doing so, as there is evidence to show that this substance arises in droplets in the epithelial cells lining the vesicles. Again, this secretion contains a relatively large percentage of iodine, and on this fact, or partly on this fact, has arisen the theory that the thyroid has a phagocytic or antitoxic action. In fact, there is a tangle of theories concerning the action of the thyroid, some of which seem to give grounds for belief that its action is in a certain direction. However, it is definitely known concerning the thyroid that a train of symptoms follows its deficiency or absence, whether produced experimentally or arising spontaneously, and that these symptoms will yield to thyroid feeding. Thyroid is, therefore, concerned with the growth of bone, with the development of the body, and with a normal circulation. Further, in the adult, there is now no doubt that absence or diminution of the secretion produces, or helps to produce, a condition of secondary anemia. Whether this argues any direct connection with the hematopoietic system it is at present impossible to say. That the thyroid is a direct circulatory stimulant there is no doubt; for the slow pulse, cold extremities, sluggish circulation, and deficient action of the sweat glands in submyxedema are very well recognized. The interaction of the thyroid with the other ductless glands will probably show that the relation between the thyroid and some of the other endocrine glands, notably the spleen, is a close one.—*N. Y. Med. Rec.*

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THE TREATMENT OF ECLAMPSIA :—Dr. J. O. Arnold (*Ther. Gaz.*, 1916, June, p. 381) compares the conservative, or Stroganoff, method of treating eclampsia, as it is employed on the European continent, with the more radical measures

resorted to in English and American maternity hospitals, and concludes that as a rule a judicious combination of both measures is productive of better results than the attempt to follow either school alone. He includes the cases of so-called pre-eclampsic toxemia in those requiring prompt and active treatment.

From his personal observations, Doctor Arnold concludes that morphine in sufficient quantity ( $\frac{1}{2}$  grain) is the safest and most effective agent for temporarily controlling the convulsions. It should be repeated in two hours, more or less, as may seem required for the purpose.

Early and free venesection is held to be the quickest and best means for securing elimination and reducing blood pressure. In order to replace the bulk of the toxic blood withdrawn by bleeding, to dilute the toxins present in the blood, and to counteract the existing acidosis, the author introduces an alkali solution by the Murphy drip-method. After cleansing the lower bowel, sodium bromide, 1 to 2 drams, and sodium carbonate, 2 to 3 drams, to the quart of physiologic salt solution are introduced in this manner as rapidly and as constantly as the colon will absorb it. If the intestine should be intolerant of this solution or if the condition appears to call for it, in addition to this fluid enterically, sodium bicarbonate, 2 drams to the pint of physiologic salt-solution is given by hypodermoclysis, repeated as often as appears necessary.

In cases of eclampsia occurring before the eighth month, if there have been more than two or three convulsions, labor is induced. After the eighth month, pregnancy should be terminated, regardless of the number of convulsions; letting the circumstances and conditions determine whether the delivery shall be by the normal route, by inducing labor-pains, or by the more rapid method of cesarean section.

No drugs or nourishment of any kind (with the possible exception of water) are to be given by mouth until long after the convulsions have ceased, but it is advisable to con-

tinue the alkali-salt solution administered rectally until quantity and quality of the urine have become satisfactory.

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**THE TREATMENT OF PNEUMONIA WITH QUININE AND UREA HYDROCHLORIDE:**—Dr. Solomon Solis-Cohen (*New York Med. Jour.*) describes with care his method of treating pneumonia. The drug in which he places the most reliance is quinine and urea hydrochloride, which he believes to be a chemical antidote or antitoxin to the pneumonia poison. He finds it advisable to use what would ordinarily be considered enormous doses of this drug, and claims that this is possible because the drug either neutralizes the poison of the disease or is itself neutralized by that poison, hence large doses produce no toxic effect. He finds the entire amount needed in any given case of pneumonia to vary from 10 grains to 250 grains, and this is spread out over several days. Sometimes a single dose is sufficient to insure recovery, but as a rule a number of doses are required, and these are administered at from three to six hours intervals. The first dose usually consists of from 15 to 22½ grains of quinine and urea hydrochloride, given in 25 to 50 per cent. solution in hot water, which is injected deeply. This is usually followed by a prompt decline of temperature with slowing of the pulse and respiration. These injections are repeated in smaller doses (7½ to 15 grains) every third hour until the temperature falls to 102.2 deg. F. In all, the number of injections varies from one to ten, with an average of four or five, spread out over from 24 to 48 hours. This does not cover the entire treatment of the disease, as there are a number of factors to be considered. But this is the main factor which is peculiar to his treatment.

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**FRACTURES IN CHILDREN:**—In treating fractures in children and infants one must always bear in mind the tender skin of the infant, its round agile body; and the movable cover of fat which envelopes the soft bones.

The tendency to heal is much more intense in children than in adults, the time of union is much shorter, and immobilization should be of shorter duration.

A certain percentage of fractures in children do exist with the cardinal signs of fracture lacking, the diagnosis being made in these cases by tracing the point or line of pencil or maximum bone tenderness.

Where following an injury children refuse for any length of time to use a limb, especially if their attention is distracted from the injury, or when they are at play, bear in mind the possibility of a fracture.

One must always bear in mind the necessity of proper retention, as it is just as important as proper reduction in securing favorable results.

Early massage, passive and active movements are very important adjuncts in securing satisfactory results.—*J. Grossman, New York, Medical Record, July 8, 1916.*

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MORBIDITY OF DRUG INTOXICATIONS:—What the remedy for this great evil may be is a secret still in the laps of the gods. Prohibition notoriously does not prohibit, except to a limited degree, and the various antinarcotic laws, including the defective and vexatious Harrison law, merely make it more difficult and more costly for drug victims to get their favorite narcotic or stimulant. As for patent medicines, the enforced publication of their formulæ and their percentage of alcohol has little or no deterrent effect. Nevertheless, the curbing of the alcohol and drug-intoxication habit is one of the most important considerations in the problem of increasing the stamina of the people, of reducing the death rate, and of increasing the span of life. Perhaps the research foundation recently established in Hartford may succeed in throwing some light on this dark subject.—*Medical Record.*

COLLES' FRACTURE is not an "office fracture," it is a "hospital fracture;" and if the fragment be accurately reduced, the special kind of splint used to retain it is of secondary importance. The problem of a Colles' fracture is one of reduction not retention.

In reducing the fracture we have found that the best results are obtained by placing the hand in the reverse position to that in which the injury was sustained. At the time of injury the hand is hyperextended and pronated. By supinating and flexing the hand the reduction can most easily be accomplished. With the patient completely anaesthetized the forearm is brought to a right angle and supinated. Traction is made upon the hand in the flexed position and counterpressure is made upon the upper fragment.

As this maneuver is done with steady traction and pressure the impaction is broken up and the fragments replaced.  
—*Wm. Francis Campbell in the Medical Times.*

THE PHYSIOLOGICAL AND TOXIC ACTION OF FORMALDEHYDE:—Samuel E. Earp discusses in the *N. Y. Med. Jour.*, Aug. 26, 1916, the physiological action of formaldehyde, and reports three cases of poisoning from formalin. Two of these were accidental and one was due to an attempt at suicide. All recovered, though the first patient was moribund and there was apparently no possibility of recovery. The treatment consisted of the administration of a quart of milk by the stomach tube after the stomach had been washed by diluted aromatic spirits of ammonia, which is supposed to be the only antidote for formaldehyde. Milk of magnesia was also given. As a stimulant sulphate of strychnine was administered according to the requirements of the case. These cases are reported to call attention to the danger of this agent which is used commercially with hardly a thought of its being harmful.

WHO DARES NOW PRAISE VIBURNUM?—I presume that now, after the long trial in Chicago which cost the Asso-

ciation a pretty penny, to dare say a good word for *viburnum prunifolium* or *viburnum opulus* or *carduus benedictus* would be equivalent to high treason, to *lèse-majesté*. Well, I know nothing about *carduus*, and have never used it. But I do know something about *viburnum*, having prescribed it hundreds of times, and I will say that *viburnum* is an excellent drug and a good preparation of it renders excellent service in dysmenorrhea and various circulatory disturbances of the endometrium and ovaries. Yes, and in spite of what narrow theorists may say, I shall continue to prescribe it, and advise others to do likewise.—*W. J. Robinson, M.D., in Critic and Guide, Sept., 1916.*

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**ALCOHOL IS NOT AN ANTIDOTE FOR CARBOLIC ACID:**—In a recent number of the *Johns Hopkins Hospital Bulletin*, Dr. David I. Macht published the results of a series of experimental investigations relative to phenol poisoning and the antidotes ordinarily used in cases of this kind. It seems that we shall have to revise our ideas relative to the value of the various antidotes for carbolic acid. Ever since 1899, when Powell introduced alcohol as a preventive of phenol poisoning, this substance has been used probably more than any other for this purpose. It will be remembered that Powell used to demonstrate its value as an antidote by washing his hands in pure carbolic acid and then in alcohol, even by filling his mouth with the acid and then rinsing it out with 95 per cent alcohol.

However, the studies of Macht seem to show that not only is the alcohol useless, but actually increases the danger, because it hastens absorption. His studies also show that lavage with alcohol was followed by death more often than by recovery. When large doses of phenol had been given by mouth, washing the stomach with alcohol was followed almost invariably by death, in the experiments which he made upon cats.

The remedy which proved most effective as an antidote, in



Macht's experience, was a solution of sodium sulphate. Dogs, he declares, withstand carbolic acid better than do cats, and he found it possible to save these animals by means of immediate lavage, irrespective of the remedy employed. After large doses of phenol, washing with sodium sulphate or plain water sometimes saved life. In late lavage, that is, if the stomach was washed about fifteen minutes after the ingestion of the carbolic acid, sodium sulphate gave the best results, plain water the next best, while, as already stated, the use of alcohol was almost invariably followed by death.

Doctor Macht agrees with Tauber, that sodium sulphate is effective, because it hinders absorption. Also, through its purgative action it rids the body quickly of the poison. Magnesium sulphate can be used for the same reason as the sodium sulphate, but the possible depressing effect of magnesium ions in case of absorption is a disadvantage. However, when the sodium sulphate is not accessible, the magnesium sulphate, being usually at hand, may be employed in its place.

The moral of these observations is, that physicians should beware of washing out the stomach with alcohol when carbolic acid has been taken by the mouth. It is not denied, of course, that applications of alcohol to the skin or external tissues, after carbolic acid is applied, may be of value in preventing carbolic acid burns.—*Clinical Medicine*.

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OF COURSE:—There is a certain dear old lady who owns a little farm and takes a few boarders in summer.

Recently an anxious young mother, who has been industriously delving into medical literature of late, inquired of the old lady whether or not the milk served at her table was pasteurized.

"Of course!" was the old lady's indignant reply. "Don't we keep all the cows we've got in the pasture all summer long."—*Chicago Herald*.

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DEVOTED TO MEDICINE AND SURGERY

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DEERING J. ROBERTS, M.D.

EDITOR AND PROPRIETOR

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## *Original Communications.*

### DEPRESSED EMOTIONAL STATES\*

BY JNO. W. STEVENS, M.D., SUPT. CITY VIEW SANITARIUM,  
NASHVILLE, TENN.

A state of pathological depression, despondency and gloom is met with in several different forms of mental disease, and a diagnosis of the particular psychosis from which the patient is suffering is of the utmost importance from a prognostic point of view. A discussion of points of differential diagnosis may prove of some interest to you. The condition may present for a time, or characterize the entire course of the malady, in the following psychoses:

Manic-depressive insanity, dementia praecox, pellagrous insanity, melancholia of involution, infections and exhaustion psychosis and the depressed type of paresis. The patients are emotional, depressed and unhappy with, or without, delusions or hallucinations, with numerous other concomitant symptoms.

In any given case, a consideration of the history may be of the greatest assistance, and at once furnish strong pre-

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\*Read at meeting of Middle Tennessee Medical Association, at Franklin, Tenn., Nov. 16, 1916.



sumptive evidence of the existence of one or another of the above mentioned psychoses.

The family history is usually of not much assistance, though it is recognized that there is some tendency for the same form of mental disease to be present in the offspring as in the parent. If the parent has suffered from mental disease, and we can get a sufficiently definite history to make a diagnosis, this may sometimes prove of a little assistance as presumptive evidence in arriving at a conclusion as to what psychosis our patient has.

The personal history is of the utmost importance. The following are a few of the cardinal points to be sought out and valued in considering the personal history:—

When mental disorder presents in one under twenty-five years of age, we at once think of dementia praecox, or manic-depressive insanity, whereas, if the individual is between forty and fifty years of age when the first evidence of mental disease, depressive in character, is manifested, we are justified in at once strongly suspecting melancholia of involution. A history of syphilis, or a positive Wassermann reaction in one emotionally depressed, arouses the suspicion of the depressed phase of paresis. A history of previous attacks of mental disorder, either depressive or maniacal in character, with recovery and intervals of normal mentality, is of the strongest presumptive evidence in favor of manic-depressive insanity. The occurrence of a severe infectious disease like typhoid fever, pneumonia or septic infection is suggestive of a simple infection psychosis. A history of physical symptoms, pointing to pellagra, indicates that the depressive psychosis from which our patient is suffering is probably pellagrous insanity. A history of drug taking, or excessive alcoholism, immediately preceding a depressive state, directs our attention especially toward a search for other evidences of a toxic psychosis. Dementia praecox is a disease that rarely initiates suddenly, but rather gives a history of peculiar and unnatural behavior over a considerable period of time before the acute mental symptoms are manifested which brings the patient to the physician for

treatment. On the other hand, attacks of manic-depressive insanity are usually comparatively sudden in onset and rapid in development.

Now, let us briefly consider the individual psychoses:—

#### MANIC-DEPRESSIVE INSANITY

This is a psychosis characterized by successive attacks of mental disorder, either of an excited and maniacal, or of a melancholic and depressive nature. These attacks may vary in duration from a few weeks to a year and a half. The intervals between the attacks may be only a few weeks, many months or a number of years, during which time the patient is in a normal mental condition. There may be but one attack in a life-time. The disease usually begins in adolescence, or young adult life. The first and the subsequent attacks, if any, may be all maniacal, or all depressive in character, or irregularly alternate between the two. We are here concerned with the maniacal phase only, insofar as the history of the previous attacks of maniacal excitement, with euphoria, talkativeness, restlessness and an expansive state, is suggestive of the nature of the depressed condition now presented. Given a history of a person having previously suffered from early life from such maniacal conditions, or of melancholic attacks, with intervening periods of normal mental health, and we may, with almost positive certainty, declare the mental depression now presented to be the depressive phase of the manic-depressive psychosis. It is when we have no such history of previous attacks that we sometimes find difficulty in differentiating between manic-depressive insanity and dementia praecox in young patients, and extreme difficulty in differentiating between manic-depressive insanity and melancholia of involution in one past thirty-eight years of age. Considering now only the depressive phase of the psychosis, and ignoring the history, we may say that the attacks are characterized by comparatively sudden onset and a rapid development; that the patients are depressed and unhappy, often complain of physical discomforts; of various somatic sen-

sations; find mental work and application difficult, and generally recognize that there is something wrong with them mentally. They find it difficult to do any sort of work, or even to carry on a conversation; tend to exclude themselves; show much less than their accustomed mental and physical activity, and, in the well defined attacks, have most depressing and self-accusatory delusions, frequently hallucinations of a depressing nature; talk little, or become entirely mute; take little food, or none at all; may present considerable clouding of consciousness, so that they mistake the identity of those about them; or do not know their own whereabouts, or the nature of their surroundings; and may attempt suicide. The characteristic and diagnostic symptom is psycho-motor retardation. This is manifested by slowness and hesitancy of speech, which often causes these patients to fail to complete their sentences in conversation, and a marked slowness of all voluntary movements. Mental processes are slow and difficult. It is hard for the patient to think and he talks very little, especially spontaneously. The prognosis for recovery from the individual attack, after a duration of from three to six months, is very good, occurring in eighty-five or ninety per cent of the cases. The prognosis for permanent recovery, however, is not good, since a large percentage of those cases will, in after life, suffer from other attacks, either of a maniacal or depressive character.

#### DEMENTIA PRAECOX

By no means all cases of dementia praecox present states of emotional depression. Frequently, however, the first recognized evidence of mental disorder is of this nature. The disease is essentially one of adolescence or early adult life, and I think I am justified in saying that the vast majority of cases occur before the age of twenty-five, though quite a few are delayed a few years beyond this, and some authorities claim that no age is entirely exempt. It is probably the most frequent mental disease met, and it is estimated that its victims make up twenty per cent of the ad-

missions to the hospitals for the insane. A history of mental disorder, alcoholism, or epilepsy will be found in the antecedents of seventy per cent. The disease is usually insidious in onset, it often being exceedingly difficult, when a careful history is taken, to determine just when it initiated. Many of the patients have been characterized from childhood by behavior and conduct that has marked them as "peculiar," and, while some have been brilliant to the extent of genius, more will give a history of having been recognized as being a little less efficient mentally than the average person. This is said not with the meaning that the person has suffered from dementia praecox all this time, but merely that it indicates a predisposition to it. Such a history may be entirely lacking. More important is it to recognize that, aside from the thought of these evidences of predisposition, his mental disturbance has probably existed in a mild way for some time before the family and friends recognized it. The symptoms previously recognized, or now presented, are by no means always depressive in character, but when they are, we find these patients despondent, tending to inactivity and usually anxious. This anxiousness is to be especially emphasized. The patient's facial expression indicates it, and his whole appearance and demeanor bespeaks uneasiness or fear. The patient may give expression to many ideas of apprehension and to other delusions of a depressing nature. Especially prominent in these are somatic delusions, and the patient thinks there is something terribly wrong with him organically; that his brain has dried up or rotted; that he has no stomach, etc. Religious ideas of a self-accusatory nature are frequently present. Hallucinations of the various senses, more commonly of hearing, are especially prominent in this psychosis, are active, greatly influence the patient's behavior and delusions, and a careful history or examination will nearly always reveal their occurrence, past or present. Along with these symptoms are present, or soon manifested, the true diagnostic evidences of dementia praecox, viz.:



emotional deterioration and disturbances of volition. Emotional deterioration is evidenced by the fact which may, however, not at first be manifested, that the patient does not really possess the degree of feeling and emotion commensurate with the things he says. He says he fears terrible things, or that he has committed great wrongs, but it is plainly manifested that he is not impressed, worried or distressed by these things to the extent that he should be in the face of such circumstances. A certain flippancy of manner may be present, and silly laughter may accompany the utterance of the most horrible things. A lack of affection and regard for his family and friends is soon apparent, and shortly it is observed that the patient is not particularly concerned about his condition and future. He asks little about the physician's opinion of his condition, and, after a few weeks, it is evident that the patient is not concerning himself much about anything, even though he may continue to utter very depressing thoughts. Disturbances of volition are manifested by negativism, mannerisms, catalepsy, or more definite catatonic symptoms.

It is only necessary to differentiate this condition from the depressed phase of manic-depressive insanity. This is done upon the history of the mode of onset; the fact that anxiety is much more characteristic of dementia praecox than manic-depressive insanity; that hallucinations are nearly always present in dementia praecox and comparatively rare in the manic-depressive psychosis; that the manic-depressive patient often shows clouding of consciousness while the dementia praecox patient rarely does so to any great extent. Finally, the above mentioned emotional deterioration and disturbances of volition are especially characteristic of dementia praecox.

The prognosis is poor, recovery taking place in only twelve or fourteen percent of the cases.

#### PELLAGROUS INSANITY

A state of depression and melancholy is often associated with pellagra, and the greatest confusion and difficulty of

diagnosis may sometimes exist. I do not think there are any mental symptoms especially peculiar to pellagra, *per se*, and that almost any group of mental manifestations may accompany the disease. Perhaps those of a depressive character are rather more frequent than others. Pellagra is now so common in this section that I think we should bear it in mind in any case of mental disturbance that is presented to us, but, likewise, we are to bear in mind that pellagra may exist only as a coincidence in a patient suffering from some other form of psychosis. We are not justified in making a diagnosis of pellagra merely because the patient shows mental disorder, and occasionally our prognosis would be modified if we have diagnostic acumen enough to recognize that the pellagra is only an associated condition, and that the mental disorder which, in this case is that of depression, is due to dementia praecox, manic-depressive insanity or melancholia of involution. Such a differentiation can be made only on the history. Given a patient who presents a history indicative of dementia praecox, as shown by the characteristics of volition of emotional deterioration and disturbances of volition which have for some time preceded his manifestations of pellagra, or in the case of one who has given a typical history of manic-depressive insanity, with several previous attacks with recovery, we would be justified in feeling that the patient is suffering from both diseases, pellagra being only a coincidence. On the other hand, when a patient presents mental disturbances, as in this instance that of depression, with a history of pellagrous manifestations preceding the initial attack of mental disorder, or presenting and developing therewith, a diagnosis of pellagrous insanity is natural and logical.

The prognosis is always to be guarded. A great many of these cases get well, it is true; but when pellagra has advanced to the state of producing mental disorder, the outlook is always doubtful. Some of those who make a

physical recovery from the disease will remain mentally enfeebled.

#### MELANCHOLIA OF INVOLUTION

This is the psychosis especially associated in the minds of the laity with the menopause in women, but, as a matter of fact, it is quite as common in men. It is essentially a disease of the involutional period, and the vast majority of cases arise between the ages of forty and fifty. It may occur as young as thirty-eight in women, but in men not often under forty-two or three. It is always uniformly and throughout its course characterized by emotional depression, great mental pain, worry, anxiety, despondency and the pronounced tendency to suicide. Its onset is usually gradual, and a history is generally given that the patient has been complaining indefinitely physically, and has been worried and troubled over a period of two or three months before the friends realized the presence of a definite mental disorder. At the outset, the worries are usually about real things; the patient, if a man, worrying about his business and financial affairs, or, if a woman, about the matters of the household, or her family. Finally, it is recognized that these worries are preying on the patient's mind unreasonably and unnaturally, and an importance is being attached to things that is unjustified; that "mountains are being made of mole hills," and, at last, delusions frankly manifest themselves. These run the whole gamut of possibility of pessimistic and unhappy thought. Ideas of a religious character are very frequent and usually early. The patient begins to give unusual thought to religious affairs, becomes depressed about them, feels that he has not performed his duties in this respect as he should, and soon conceives the idea that he has been very sinful, and at last reaches the conclusion that he has been the greatest sinner in the world, and that his soul is utterly and eternally damned. Many other depressing delusions, or unreasonable worries may be present, and the patient imagines that all sorts of misfortunes and calamities are about to overtake him and his

loved ones, or even the entire world, as the result of his sins of omission and commission. The patient feels keenly his guilt and unworthiness and really suffers the most damnable distress of mind. He usually feels that he is entirely unworthy of consideration or attention, and is very humble in his demeanor. He sees everything in the most pessimistic way and cannot be cheered, dissuaded from his depressing beliefs, or made to hope that things will ever be better. He usually possesses some insight into his condition, realizing that he is not well, but cannot be convinced that he will ever be any better. Hallucinations of a depressing nature may be present, but are not usual. Consciousness is usually clear and memory unimpaired. These patients tend to talk freely and at great length about their troubles. There may be present the most distressing somatic delusions, so that the patient believes himself suffering from some loathsome and incurable disease, or that his organs have been changed or rotted away. Food is frequently refused on this account, or on account of the patient's belief of his unworthiness. The patient's distress of mind may be so great that he is agitated to the extent of crying aloud in his agony of spirit. Suicidal impulses are exceedingly common and are to be closely guarded against.

The diagnosis is not particularly difficult and is at once strongly suggested by the patient's age. It is most likely to be confused with the depressed type of manic-depressive insanity, or pellagrous insanity. The manic-depressive patient will usually give a history of previous attacks, that disease not often occurring for the first time at this period of life. In the absence of a history of such previous attacks, there will be confusion. Psycho-motor retardation, the diagnostic sign of manic-depressive insanity is absent, or only slight, in melancholia of involution. The manic-depressive patient, too, is often clouded consciously, but this is absent in melancholia of involution. Pellagrous insanity is excluded by the lack of physical symptoms of that disease.

The course of melancholia of involution is tedious. Its duration in those who recover is from six to eighteen months. The prognosis is only fairly good; about one-third recover, one-third make a partial recovery, so that they are able to return to their homes, while the remaining third become chronic or die from intercurrent disease.

#### INFECTION AND EXHAUSTION PSYCHOSIS

Following an attack of typhoid fever, pneumonia, malaria, or a surgical infection, a state of depression and despondency, with self-accusatory delusions may arise. It is associated with marked clouding of consciousness, disorientation and active hallucinations. A differential diagnosis is to be made upon the presence of active hallucinations, marked clouding of consciousness and the transient nature of the attack, and the previous history. The prognosis is good for recovery from the mental disease if the physical state can be supported.

#### DEPRESSIVE TYPE OF PARESIS

In my opinion, the depressed type of paresis occurs more often in the text books than at the bedside. Authorities state that such may be the mental manifestation in 15 or 20 per cent of cases of paresis, but in my not inconsiderable experience in that disease I have not met with it in any such frequency. When it does occur, the patients are depressed and despondent, with self-accusatory delusions, many worries and state of tearfulness. The physical signs of paresis being present, together with a history of syphilis, or a positive Wassermann reaction, make the true condition of the patient readily recognizable. The marked memory defect also aids very greatly in the diagnosis. I would express just two cautions in this connection:—First, that not every depressed patient showing a positive Wassermann is a paretic; nor, indeed, may his mental disturbance be at all due to his syphilis which may be only a coincidence. Second, patients suffering from true melancholia of involution often have the delusion that they are syphilitic without really being so.

**ACUTE DILATATION OF THE STOMACH\***

BY WM. D. SUMPTER, M.D., NASHVILLE, TENN.

The predisposing causes of acute dilatation of the stomach may be summed up as follows, viz:—Grave dietetic errors, constant overeating, ingestion of enormous quantities of food and drink too rapidly, hypertrophy and fermentation, chronic dilatation, obstruction of pylorus, ulcer, cicatrix, fibroids, carcinoma adhesions, pressure from tumor, movable kidney or aneurysm on duodenum as it crosses the spine; diseases of the pancreas, passing of stomach tube, outside pressure, as too tight application of plaster of Paris; pneumonia, cardiac disease, typhoid, miliary tuberculosis, anaemia, rickets, etc.

To these the surgeon has added:

Traumatic: Blow on abdomen, injuries to head or spine, or to knee with subsequent arthritis.

Post operative: Any general or abdominal operation (even exploratory) especially extensive and severe, sepsis, shock, and anaesthesia.

The direct causes of dilatation of the stomach are the atonic or degenerated condition of the stomach wall or the interference with nerve centers and primary paralysis, induced by conditions we have considered as causative factors—traction on duodenum by intestines producing pressure by mesentery as it crosses the vertebral column has been ascribed as a cause. At autopsy, regardless of history, the pathological conditions show arterio-mesenteric incarceration of the duodenum at this point, where the duodenum is normally more flattened than round; but it is more probable that the distended stomach, which may extend to the pelvis, presses down the intestines with resultant traction on mesentery and artery over duodenum. In abdominal operations the theory, that intra-abdominal pressure is lost and traction thereby induced by intestines in pelvis, has no serious consideration.

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\*Read at meeting of Middle Tennessee Medical Association.

Brinton more than fifty years ago referred to acute dilatation of the stomach. Its occurrence has been considered extremely rare as stated by Osler, Musser, and others; but Martin in Osler's System of Medicine, asserts that the cases are numerous, and for authority cites Laffer's collaborated cases (217) in 1908. Whatever its frequency, it is fortunately very seldom encountered in surgical procedures. While dilatation is said to involve in certain cases the stomach alone, in many the duodenum (50%) is also involved, as is also the jejunum with sometimes a large area of the small intestine. The theory of the presence of spasm and stenosis of the pyloric orifice is hardly tenable in view of the large quantities of bile vomited in the attack.

Beyond the dilated condition of the stomach, the shape it sometimes assumed and its bluish, purple, red, or pale color, there is no special pathological change produced, although a gangrenous condition of the duodenum has been observed where it is pressed against the spine.

While the interval between surgical operations and dilatation of the stomach is variable and rather a late surgical complication, it is in most cases short, but in others may be days or weeks. The onset, however, is always sudden and unanticipated. A sudden enlargement of the upper abdomen with pressure on the surrounding structures is observed. The heart is dislocated and its action interfered with, producing palpitation with rapid and weak pulse. The pressure on the lungs produces dyspnoea of varying severity with cyanosis and a general feeling of extreme discomfort, and with abdominal pain in epigastric, umbilical and perhaps left hypochondriac regions, facies hippocratica, collapse and death may quickly ensue. This initial pain may be absent; and, with only epigastric discomfort gradual and progressive collapse, may terminate fatally.

Belching at first and then absence of same usually occurs, followed almost invariably by vomiting generally of a dark brown fluid with bile and sometimes blood present; the odor is foul but not fecal, and this state is often mistaken for intestinal obstruction. Inspection and palpation show dis-

tention of stomach to right of mid line and beyond, and the succussion splash is seldom absent. Thirst is usually intense.

Diminution of tympany over gastric area and localized dullness on the left side of abdomen extending to the right costal margin also below umbilicus is a most important diagnostic sign; and relief of this condition by lavage is of valuable diagnostic value.

Acute dilatation of the stomach may be readily confused with acute abdominal diseases, especially perforative peritonitis or intestinal obstruction and differential diagnosis is difficult. In sixty recorded cases cited by one authority, only thirteen were correctly diagnosed.

The prognosis is unfavorable and death is the rule in most cases unless early measures are instituted. One record shows death in 47 of 64 cases; and Connors reports 102 cases collected, with 74 deaths, stating that recurrence after relief is common, that 75 per cent of cases died in five days (some in three hours). Recovery and return of stomach to normal size may be at once, or may not occur for days or weeks.

The successful treatment of acute dilatation of the stomach depends on quick recognition of the condition. The indications are early and repeated lavage (depending on degree of distention), lowering of the head, high elevation of the pelvis, right lateral position or knee elbow, if possible, saline by rectum or subcutaneously, stimulation as indicated, atropine, remedies to combat shock and rigid rectal alimentation until all symptoms have subsided.

When no improvement occurs surgical intervention may be resorted to, but the results of gastro-enterostomy have been far from satisfactory in these cases.

The occasion for a review of this subject was a case the history of which is as follows, viz:—

Mrs. T. B. V., white, age 41. At St. Thomaas Hospital operations were performed. Right ovary and tube with appendix were removed, retroverted uterus suspended, uterus curetted, perineum repaired, hemorrhoids removed, and a



small papillomatous tumor excised from inner side of left thigh. The time of operation was not protracted and patient was returned in good condition to bed, and on the morning of second day after operation, with condition normal, was apparently making an uneventful recovery. At 12:30 P.M. she complained of severe pain and distress in epigastrium; and rapid extreme distention of the abdomen and bulging of the thorax was observed. Respiration was labored, reached 50 to the minute, and seemed to be entirely confined to upper half of thorax, cyanosis being severe. The pulse became very weak, compressible and irregular, beating 160 to 170 to the minute, and the patient seemed to be dying. Vomiting without apparent effort was excessive. The condition was instantly recognized and stomach tube used; stimulation was given. The lavage gave definite relief. Saline enema and hypodermoclysis were employed. Strychnine and oxygen were administered, the patient's head lowered and the pelvis elevated by raising foot of bed high. The knee-elbow position was not possible with the exhaustion present and the right lateral position was employed. Recurring distention of a milder degree required lavage every two hours for the succeeding twelve hours, while a saline enema (3IV) was given every four hours. With stimulation and rectal alimentation the patient gradually improved and the pulse slowly returned to normal. Without further complications a rapid recovery followed, since which time she has required no further medical attention.

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### *Obituary.*

DR. EDWARD SYDNEY MCKEE of Cincinnati, Ohio, a graduate of the Medical College of Ohio, Cincinnati, in 1891, and a member of the Ohio State Medical Association, the Hamilton County Medical Society, and the Cincinnati Obstetrical Society, died from malarial fever at Quito, Ecuador, on October 20, aged 58 years. He was an associate editor of

our contemporary, *The Nash. Journal of Medicine and Surgery*, and a frequent contributor to other medical journals.

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DR. CHARLES WILLIAM PENN BROCK of Richmond, Va., a graduate of the Medical College of Virginia, Richmond, in 1859, and a member of the Medical Society of Virginia and the Henrico County Medical Society, died at his home on October 19, aged 80 years. Dr. Brock was a veteran of the Confederate Army, having served as a Surgeon throughout the "War between the States."

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DR. LOUIS McLANE TIFFANY of Baltimore, Md., died of heart trouble at his country home in Accomac County, Virginia, October 23, aged 72 years. He graduated from the University of Maryland in 1868 and also studied at Cambridge, England. He was emeritus professor of medicine at the University of Maryland, and was for fifteen years surgeon-in-chief of the Baltimore and Ohio railroad. He was also for some years consulting surgeon at Johns Hopkins.

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## Reviews and Book Notices

THE PRACTITIONER'S VISITING LIST FOR 1917. Four styles: weekly, monthly, perpetual, sixty-patient. Pocket size, substantially bound in leather with flap, pocket, etc.; \$1.25, *net*. Lea & Febiger, Publishers, Philadelphia and New York.

*The Practitioner's Visiting List* embodies the result of long and studious effort devoted to its development and perfection, and is the finished product of over thirty years' experience in meeting and anticipating the physician's needs. It is a practical convenience which, once possessed, becomes indispensable to the busy practitioner.

It affords a simple and complete system for keeping the records of daily practice. In addition to the ruled pages for daily calls and their notes, general memoranda, addresses, cash account, etc., it contains specially arranged spaces for

data desired for permanent record such as births, deaths, etc. The value of such records is best appreciated by the physician who has been suddenly confronted by the necessity of producing such data after the lapse of years and in the absence of an orderly system for their preservation.

It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated, for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "60 Patients," undated, for 60 patients weekly per year.

The text portion of *The Practitioner's Visiting List* for 1917 contains mass of valuable information, adapted for noting all details of practice and professional business.

Printed on fine, tough paper, suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, *The Practitioner's Visiting List* is sold at the lowest price compatible with perfection in every detail.

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## Editorial.

### THE SOUTHERN MEDICAL ASSOCIATION AND ITS NEW PRESIDENT

This live, progressive and eminently practical organization, that has been moving to the front since its inception by leaps and bounds, held a most satisfactory in every way and enjoyable meeting in Atlanta, Ga., November 13-16, it being its tenth annual session. More than 2,000 eminent medical men from the Southern States were in attendance, the largest medical meeting ever held in the South, exceeding the meetings of the American Medical Association, including the one held in Atlanta in 1879.

The four sections—Medicine, Surgery, Public Health and that on Eye, Ear, Nose and Throat all had most excellent papers presented, followed by live and attractive discussions; all of which will be published in the Journal of the Association. The entertainment features were most enjoyable; and the meeting of College Alumni, especially that of the alumni of our own Vanderbilt afforded an unusual degree of fraternal gratification.

The association did itself great credit in the election of Duncan Eve, A.M., M.D., F.A.C. S., Professor of Surgery and Clinical Surgery



**DUNCAN EVE, A. M., M. D., F. A. C. S.**

*Elected President of the Southern Medical Association at its Tenth Annual Meeting—Atlanta, Ga., Nov. 15, 1916.*

in Vanderbilt University, as its President for the ensuing year. In this recognition of the ability and standing of our personal friend we can and do take a personal pride. He was one of the founders of this Journal, and was associated in its editorial and business management during the first ten years of its remarkably successful existence;

relinquishing his editorial labors by reason of the pressing demands on his time in his chosen field of surgery. The writer was also closely associated with him for ten years, occupying the chair of Principles and Practice of Medicine, and Treasurer of the Faculty; Dr. Eve being the Professor of Principles and Practice of Surgery, and Dean of the Faculty.

For the past twenty years Dr. Eve has most satisfactorily filled the chair of Surgery in Vanderbilt University Medical Department. He was President of the Nashville Academy of Medicine, the Tennessee State Medical Association, the Southern Association of Railway Surgeons, the Mississippi Valley Medical Association, and as First Vice-President occupied the chair during the four days session of the American Medical Association in 1898, the President, Dr. Sternburg, being unavoidably absent; thus excluding Dr. Eve from the presidency in subsequent years, a position so capably filled by his eminent father, the late Paul F. Eve, of this city in 1858.

Dr. Eve contributed important surgical articles to "*Park's System of Surgery*"; "*Buck's Handbook of Medical Sciences*—edition of 1903; "*The American Practice of Surgery*," edited by Bryant and Buck, 1910; as well as important articles and papers to this and other journals, and to local, state, national and other medical organizations. He is a fluent writer, eminently practical, a clear, eloquent and forcible speaker, and a most excellent teacher of surgery, to which he has been most earnestly and sincerely devoted for full four decades.

Since his father's death, in November, 1877, he has been Chief Surgeon and Medical Director of the Nashville Division of the L., N. & G. S. R. R.; also of the Nashville & Chattanooga & St. Louis R. R.; and for a number of years surgeon to the Nashville Street Railway and other mechanical organizations.

In congratulating the Southern Medical Association, now in its blooming vigor and success on the selection of a President, we desire to say that in honoring Dr. Eve the association has honored itself; and we feel assured that its next annual meeting, to be held in Memphis, Tenn., will eclipse the remarkable session of 1916.

His only son, Dr. Duncan Eve, Jr., now in his early thirties, an alumnus of Vanderbilt University Medical Department, has been associated with him in his surgical work for the past twelve years, is now Associate Professor of Surgery and Clinical Surgery in his alma mater, and is following steadily in the footsteps made in the brilliant field of surgery by both his sire and grandsire, and bids fair to fully equal if not surpass them in the work to which he is so earnestly and sincerely devoted.

### "IN RE" ACUTE INDIGESTION

A brief communication from our esteemed and venerable personal friend, Dr. E. H. Sholl, of Birmingham, the oldest active practitioner in the State of Alabama, of November 22d, has the following: "From time to time I see that Mr. A. or B., in their sixteenth year, died of 'Acute Indigestion.' To me that is a myth. Back of all this there is some ultimate cause. It may be luetic, tuberculous, kidney or liver trouble. In some future number discuss it."

This we hope to do at no very distant date in the future, or better, be able to enlist the services of a more able pen; but we regard the suggestion as so timely that we cannot forego the opportunity while commending the suggestion to make a few brief and somewhat cursory remarks thereon, from the fact that only too often we see in both the professional and secular press "Acute Indigestion" given as the cause of death; which is just about as elucidating in many instances as was a similar equally mythical, unsatisfactory and uninforming cause of death, which has only recently been exploded and cast aside in the junk heap, designated "Heart Failure."

Oh, yes! we may and do have an occasional instance in which the heart's action may fail and no functional or organic lesion be detected by the most skilled diagnostician; but death from fear, mental shock, over-exertion, mental or physical excitement, as well as organic or functional lesions of heart, brain or other important organ has only too often in the recent past been attributed to "heart failure." Vitality is not regarded as extinct until the action of the heart ceases. Brain, lungs and other important and vital organs may cease to functionate, but death is not considered present until the heart has ceased to beat. A blow upon the head, a bullet through the brain will kill, but life is not extinct until the rhythmical action of the great organ of circulation is discontinued and so remains; and while he truly dies from "heart failure" it would be folly to give that as the cause of death.

And so it is, we do have a few cases of solely and purely "Acute Indigestion" causing death, but they are very few and far between, when we come to consider the etiological factors mentioned by our correspondent, to which we desire to add Arterio-Sclerosis, Fatty Degeneration of the Heart Muscle, Organic Valvular Lesions, together with functional and Organic Diseases of the Brain and Nervous System, which are far more important and frequent factors in causing the death of active, energetic business men of even as early as forty and forty-five and on up to sixty years and beyond. The Acute Indigestion so often given as the cause of death being but a symptom or clinical feature of the true cause of death.

The recent death of Jack London, occurring in California, at his

home in Glen Ellen, one so noted in the literary world, was flashed over the wires of the Associated Press on the night of its occurrence, November 22, is a case in point. From the columns of the *Nashville Banner* of the following afternoon, we quote as follows: "London complained of indigestion when he went to bed Tuesday night, but, notwithstanding, during his last conscious hours, sat propped up in bed writing a story.

"His physician attributed death to a gastro-intestinal type of uremia."

Here was an intelligent, observant medical attendant, who gave a correct and intelligent statement that may and will be of service in mortality statistics. The average press reporter, as a rule, secures information from the most reliable sources; but it only too often happens that he is limited in his information to a callow, careless or ignorant physician, who hides his ignorance or covers his carelessness by a statement that can only add to the superlative degree of inaccuracy attributed to "statistics." In conclusion, if our health officials will pronounce an interdict on the use of the term "Acute Indigestion" as has been done to some extent with "Heart Failure," we will have mortality and morbidity statistics that will be of value. But "more anon."

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#### MORTALITY STATISTICS

Mortality statistics for the year 1915, compiled by the United States Census Bureau, shows a continuation of the decline in the number of deaths from tuberculosis in all its forms. In a little more than ten years, from 1904-15, the mortality rate from this disease has fallen from 200.7 to 145.8 per 1,000 of population. Pneumonia deaths have also notably fallen off in the same period.

Though there is still much to be accomplished in the campaign against the disease claiming the greatest number of victims, the fact that progress has been steady in the right direction is encouraging.

High in order of deadliness come cancer and other malignant tumors, which caused 54,584 deaths in 1915. Of these, 21,221, or nearly 39 per cent, resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 to 100,000 in 1900 to 81.1 in 1915. The increase has been almost continuous, there having been but two years, 1906 and 1911, which showed a decline as compared with the years immediately preceding. It is possible that at least a part of this increase is due to more correct diagnosis and greater care on the part of physicians in making reports to registration officials.

The mortality rate from typhoid fever has shown a most gratifying and remarkable decline since 1900, having dropped from 35.9 per

100,000 in that year to 12.4 in 1915, the decrease amounting to nearly two-thirds. This decline is greater, relatively, than that shown for any other important cause of death. The total number of deaths due to typhoid fever in 1915 was 8,332. Improved methods of sanitation, including the betterment of the water supply and sewerage systems, the campaign against the fly, and other preventive measures, have proved their efficacy in a striking manner by a reduction of almost two-thirds in the typhoid death rate during a period covering but a decade and a half.

The deaths from heart diseases (organic diseases of the heart and endocarditis) in the registration area in 1915 numbered 105,200, or 156.2 per 100,000 population. The death rate from this cause shows a marked increase as compared with 1900, when it was only 123.1 per 100,000. The increase has not been continuous, the rate having fluctuated from year to year.

Apoplexy was the cause of 53,397 deaths, or 79.3 per 100,000. The rate from this disease has increased gradually, with occasional slight declines, since 1900, when it stood at 67.5.

Diarrhea and enteritis caused 48,325 deaths in 1915, or 71.7 per 100,000. This rate has shown a marked falling off in recent years, having been 90.2 in 1913 and 79.4 in 1914; and has declined very greatly as compared with the corresponding rate for 1900, which was 132.2. Nearly five-sixths of the total number of deaths charged to these causes in 1915 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—caused 15,685 deaths in 1915, or 23.3 per 100,000. This rate, although somewhat lower than the corresponding ones of 1912 and 1913, is higher than that for 1914, and is very much higher than that for 1900, which was 6.1.

Diabetes was the cause of 11,775 deaths, or 17.5 per 100,000. The rate from this disease has risen almost continuously from year to year since 1900, when it was 9.7 per 100,000.

Influenza caused no fewer than 10,768 deaths in the registration area in 1915, the rate being 16 per 100,000. The rate from this malady, which fluctuates very considerably from year to year, was higher in 1915 than during several years preceding, but was somewhat lower than the average between 1901 and 1910.

Firearms were responsible for more deaths during the year than railroad accidents, five times as many as street car accidents and more than double the record for automobile accidents. Deaths due to murderous assaults were less than for 1913 and 1914, but larger than for 1910, 1911 and 1912, being 2,885 in the area covered by the report. Suicide by the firearms route has steadily increased since 1913.

Accidental deaths fell from 85.3 in 1913 to 76.3 in 1915, the de-



crease being attributed in some measure to the "safety-first" campaign through the newspapers. The increase in fatalities from street car accidents has not quite kept pace with the increase in the use of the automobile, but is larger than for the year before.

The death rate from railway accidents and injuries in the registration area was 9.9 per 100,000 of population, being the lowest on record. The figures include fatalities from collisions with vehicles at grade crossings. Deaths due to street car accidents and injuries totaled 2.3 per 100,000, the lowest since the keeping of records was begun.

The increase in deaths from firearms stands out in striking contrast with the general falling off. This should furnish a new argument for the still greater restriction of the sale and carrying of murderous weapons unlawfully. The pistol in the handy pocket is responsible for a large share of violent deaths from this cause. The man who carries a weapon is going around with a chip on his shoulder. Having an advantage over his unarmed antagonist, he in many instances becomes something of a bully. Cumulative penalties for repeated offenses of this kind might prove an effective deterrent to the practice.

On the whole, the death rate is being gradually lowered, which is gratifying. It is especially to be noted that the cause of death which could be most readily curbed by an enforcement of stringent laws against pistol selling or carrying makes the worst showing.

#### CHANGE OF SUPERINTENDENT AT TENNESSEE CENTRAL HOSPITAL FOR THE INSANE.

Dr. A. E. Douglas, who was assistant to Dr. John A. Beauchamp for a number of years, and on the death of our old classmate of the latter part of the '50s, some twelve or fifteen years ago, succeeded him as Superintendent, having resigned his position, the Tennessee State Board of Control has appointed Dr. W. Scott Farmer as his successor.

Dr. Farmer is a graduate of Vanderbilt University, and has been most successful in the practice of medicine for the past twenty years in Upper Middle Tennessee, a part of the time at Buffalo Valley, and later at Cookeville. He is one of the most progressive practitioners in his locality and has a large clientele who will regret greatly to lose him, but with hosts of friends both in and out of the medical profession will be greatly gratified at his appointment to this responsible position.

He is a member of the Middle Tennessee Medical Association, its President during the past year, and has been a "live wire" in the Tennessee State Medical Association for a number of years. Experienced, careful, courteous, conscientious, and with a big heart in a large body,

of kindly disposition, we feel well assured he will acquit himself most creditably as Superintendent of the Central Hospital for the Insane.

His father was a physician universally esteemed and beloved in Upper Middle Tennessee, where he had practiced for many years preceding his death at an advanced age.

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"IT'S A CONDITION THAT CONFRONTS US, NOT A THEORY:"—These were the words of a celebrated statesman, and they apply with particular force in treating the many conditions presented daily to the physicians.

Theory is most admirable where it works out in practice, but where the practical is subjugated to the theoretical, results are frequently disappointing. When confronted with a case of dysmenorrhea, is it not well to at least try a remedy like Hayden's Viburnum Compound, which for years has enjoyed the confidence of some of the best men in the profession? All Dysmenorrheal conditions are not amenable to internal treatment, but it is within the intelligence of the attending physician to differentiate and act accordingly. Menorrhagia, Rigid Os, Threatened Abortion, and other Gynecological and Obstetrical conditions have responded most satisfactorily to the administration of H. V. C. where indicated. If given a trial, the original Hayden's Viburnum Compound administered in hot water, teaspoonful doses, will enjoy and retain your confidence. We have been using it regularly for more than thirty years with the most satisfactory results. If confidence is lacking to the extent, of giving it a trial, consider that Marion Sims found H. V. C. a most serviceable and satisfactory remedy and so referred to it in his writings.

Formula, literature, and a sufficient supply for clinical demonstration will be sent on request to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

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**ARMY MEDICAL CORPS EXAMINATION:**—The Surgeon General of the Army announces that preliminary examination for appointment of First Lieutenants in the Army Medical Corps will be held early in January, 1917, at points to be hereafter designated. Full information concerning this examination can be procured upon application to the "Surgeon General, United States Army, Washington, D. C." The essential requirements to secure an invitation are that the applicant shall be a citizen of the United States, between 22 and 32 years of age at time of receiving commission in Medical Corps, a graduate of a medical school legally authorized to confer the degree of Doctor of Medicine, of good moral character and habits, and shall have had at least one year's hospital training as an interne, after graduation. Applicants who are serving this post-graduate internship and can

complete same before October 1, 1917, can take the January examination. The examination will be held simultaneously throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible. In order to perfect all necessary arrangements for the examination, applicants should be forwarded without delay to the Surgeon General of the Army. There are at present two hundred and twenty-eight vacancies in the Medical Corps of the Army. No better way for a young man to start out on his medical career than by a few years in the United States Army.

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CONTROLLING THE NERVOUS ELEMENT IN FEMALE DISEASES:—Uterovarian congestion, traceable to extreme irritability of the local nervous mechanism, invariably requires appropriate antispasmodic treatment. Obviously great care, however, must be exercised in selecting the measures to be employed. Among the sedatives that have been found serviceable, none has proven more effective or given more uniform satisfaction in every particular than Peacock's Bromdies. Many clinicians have learned to appreciate the antispasmodic properties of this preparation, and as a consequence Peacock's Bromdies have long filled an important place in gynecologic therapeutics. Efficient, reliable and remarkably free from any unpleasant effects, this dependable combination of carefully selected bromide salts is of exceptional utility in female disorders in which the nervous element is prominent. In these conditions it can be used with every confidence, not alone in its therapeutic efficiency, but what is often quite as important, in its notable freedom from gastric disturbance or other unpleasant effect. A particularly gratifying feature of Peacock's Bromides is its capacity to relieve pain and discomfort without inducing a drug habit, a result which the opiates and so many other pain relieving remedies all too often produce. Peacock's Bromides surely fulfill an important place in the therapy of the painful ills of womankind.

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AS TO MYSELF—Well, the "old man" was somewhat under the weather the greater part of November. "Grippe" gripped me, and pneumonia hovered close by. A professional colleague, in whom I have great confidence, called on me about the middle of my worry, and after a careful examination said: "You have just missed an attack of pneumonia by the thickness of a razor's edge; how did you do it?"

"Oh!" I replied, when I felt that it was reaching out for my right lung, by reason of the local pain, cough, etc., the chill followed by fever of about 103, I took a few small doses of calomel, full doses of

# To Abort a Cold

**I**N many cases of coryza, cystogen in full doses (gr. X-XV, 4 times daily for an adult) acts promptly and effectively if treatment is given at the inception of the attack. The irritation is relieved, the watery secretion is checked, and the "stiffness" and headache disappear.

Even when the "cold" is well established, this treatment will often shorten the infection, reduce the quantity of purulent secretion and lessen the danger of complications such as sinusitis, otitis media, and bronchitis.

## Cystogen-Aperient

(Granular Effervescent Salt)

DOSE: One to three teaspoonfuls in a glass of water t. l. d.

is suggested as especially convenient since a laxative is usually indicated and seldom inadvisable in these cases.

### CYSTOGEN PREPARATIONS.

Cystogen—Crystalline Powder.

Cystogen—5-grain Tablets.

Cystogen-Lithia (Effervescent Tablets.)

Cystogen-Aperient (Granular Effervescent Salt with Sodium Phosphate.)

Cystogen-Quinine.

### FORMULA

A teaspoonful contains { Cystogen gr. V.  
Sod. Phos. gr. XXX.  
Sod. Tart. gr. XXV.

## Cystogen Chemical Company

515 Olive Street

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*Hands that  
are Rough,  
Cracked and  
Sore* are re-  
stored to their  
natural softness  
and comfort by  
**K-Y Lubri-  
cating Jelly,**  
well rubbed in.



It "works in" quickly, and  
doesn't soil the linen. You  
know it as a surgical lubricant;  
it's "just as good" an emollient.

*Collapsible tubes, druggists, 25c.*

*Samples and literature on request.*

**VAN HORN and SAWTELL**

15-17 East 40th Street

New York City

## "Sick Headache"

—and other headaches—

are usually relieved more or less  
promptly as you remove their  
cause. In the meantime—

### K-Y ANALGESIC

locally "rubbed in," will usually  
afford comfort without blistering  
or soiling.

*Gives Nature's Corrective Forces a Chance*

*No fat or grease. Samples and literature on request.*

*Water-soluble. Collapsible tubes, druggists, 50c.*



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# INFANT FEEDING

In extreme emaciation, which is a characteristic symptom of conditions commonly known as

## Malnutrition-Marasmus-Atrophy

it is difficult to give fat in sufficient amounts to satisfy the nutritive needs; therefore, it is necessary to meet this emergency by substituting some other energy-giving food element. Carbohydrates in the form of maltose and dextrins in the proportion that is found in

## MELLIN'S FOOD

are especially adapted to the requirements, for such carbohydrates are readily assimilated and at once furnish heat and energy so greatly needed by these poorly nourished infants.

The method of preparing the diet and suggestions for meeting individual conditions sent to physicians upon request.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

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Our guarantee is good. We have maintained high reputation for square dealing *25 years*

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TENNESSEE

quinine for two consecutive nights, and put on *Antiphlogistine*, thick and hot, using a full box (large size) all over my right lung, leaving it on for forty-eight hours, and here I am. A little Glyco-Heroin helped me out, and I am now toning up on 'Gray's Glycerine Tonic Compound.'"

Yes, I have got pretty straight again, and if I was not so much pressed with work would have been out in the stubble and grain fields before this after the "little brown birds." However, my press of work is lightening up, and I think I will give 'em a whack soon after December 1st.

---

STANOLIND LIQUID PARAFFIN is tasteless, odorless, colorless and will be found valuable in Diabetes and Chronic Gastritis. In cases of diabetes, the systematic use of Stanolind Liquid Paraffin, acting as a gentle laxative, is an effective means of combating the intestinal putrefaction and auto-intoxication which are constant accompaniments of diabetes in its grave forms, and may be one of the most potent factors in its causation.

Stanolind Liquid Paraffin has no effect upon gastric secretion; does not inhibit the production of hydrochloric acid by the stomach. Hence it is valuable where a condition of constipation co-exists with chronic gastritis.

Stanolind Liquid Paraffin is not acted on by any of the digestive juices and is not absorbed. It acts by adding to the bulk of food in the large intestine; by lubricating the food canal, and by hindering the excessive absorption of water.

A trial quantity with informative booklet will be sent on request by the Standard Oil Company, 72 W. Adams Street, Chicago, U. S. A.

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GERMICIDAL SOAP combines the powerful antiseptic mercuric iodide with a soap made from pure vegetable oils. It is used to prepare antiseptic solutions; to sterilize hands, instruments and site of operation; to cleanse wounds, ulcers, etc.; to lubricate sounds and specula; to destroy infecting organisms in skin diseases; to disinfect surface lesions; to control the itching of skin infections; to make solutions for the vaginal douche; to counteract the odors of offensive hyperidrosis; to destroy pediculi; to cleanse the hair and scalp; to remove and prevent dandruff; to disinfect vessels, utensils, etc. *Germicidal Soap* does not attack nicked or steel instruments. It does not coagulate albumin. *Germicidal Soap*, 2% (contains 2% mercuric iodide): large cakes, one in a carton. *Germicidal Soap, Mild*, 1%: large cakes, one in a carton; small cakes, five in a carton. For other forms see our catalogue. Specify "P. D. & Co." when ordering. Parke, Davis & Co., Detroit, Michigan.

**A PHYSICIAN WRITES:** "I prescribe large quantities of Tongaline for many conditions for which it is particularly indicated, but I obtain especially gratifying results from its use for what are commonly called 'colds,' the symptoms of which are chills, fever, sneezing, coughing, etc., and for which the system requires, first of all, prompt and thorough elimination.

"I order four ounces of Tongaline directing that two teaspoonfuls be taken in a half glass of water, perferably hot, every two hours for three or four doses or until the patient is thoroughly under the influence of the medicine then one teaspoonful every three hours, until the attack has been aborted or the patient has recovered.

"I have personally derived great benefit from Tongaline for 'colds,' taking it on the first appearance of any of the symptoms, and in nearly every instance abort the disease and I use several bottles of Tongaline myself during the winter months in that way."

---

**ARE YOU SEEKING A RELIABLE TONIC?**—Conservative medical men are neither asked nor expected to accept the opinions or conclusions of anyone else concerning the value of Gray's Glycerine Tonic Comp. The only request of the manufacturers is that the physician who is seeking a tonic, a dependable means of restoring the activity of the bodily functions, will give this remedy a fair and reasonable trial. To his conclusoins as to the results obtained—his judgment as to the superiority of this remedy as a means of overcoming debility, inanition and malnutrition—the decision as to its use in the treatment of debilitated conditions is cheerfully left. Knowledge of what careful painstaking physicians, however, are doing with Gray's Glycerine Tonic Comp. whenever a tonic is indicated, leaves no doubt of what that judgment will be, for it has been shown beyond all possible question that this efficient therapeutic agent has no superior in its field of use.

If you have some troublesome case in which you would like to try "Gray's"—write to-day to the Purdue Frederick Co., 135 Christopher Street, New York City.

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**THE NATIONAL BOARD OF MEDICAL EXAMINERS** held its first examination from October 16th to 21st, in Washington, D. C. There were thirty-two applicants from seventeen States, representing twenty-four medical schools, and of these sixteen were accepted as having the necessary preliminary and medical qualifications, ten of whom took the examination.

The following men passed: Dr. Harry Sidney Newcomer, John Hopkins University; Dr. William White Southard, John Hopkins University; Dr. Orlow Chapin Snyder, University of Michigan; Dr.

Thomas Arthur Johnson, Rush Medical School; Dr. Hjorleifur T. Kirstjanson, Rush Medical School. The second examination will be held in Washington, D. C., June, 1917. Further information may be had by applying to Dr. J. S. Rodman, Secretary, 2106 Walnut Street, Philadelphia, Pa.

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**DANGER DUE TO SUBSTITUTION:**—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The more recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that has proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

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**THE INCREASE OF TISSUE RESISTANCE:**—The importance of increasing tissue resistance is best appreciated when one is called upon to treat a serious infection in a rundown person. Thus a pneumonia or bronchitis is so much more dangerous in an aged or debilitated person whose tissues have lost their usual power to throw off disease—that is, resist germ invasion.

For this purpose cod liver oil is of the utmost utility but an essential point is to choose a preparation that not only contains the active medicinal and strengthening properties of the oil, but which also is so palatable that its administration may be continued over long periods of time. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is such a product. A generation of doctors have used it and learned to rely upon it.

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**SLUGGISH, OVERLOADED BOWELS:**—When the bowels are sluggish and overloaded, the whole system is usually depressed and deranged by the retention of toxic waste material. Without delay it becomes necessary to increase the activity of the bowels and promote regular evacuation of their contents. For these purposes there is no remedy that will give more prompt and satisfactory results—with such freedom from griping or after-effects as Prunoids. One to three at bedtime will afford prompt relief—without the usual cathartic discomfort—and rapidly restore functional regularity of the bowels. As one prominent physician has said, "I use Prunoids because it *regulates*



as well as *evacuates the bowels.*" Samples will be sent on request to the Sultan Drug Co., St. Louis, Mo.

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SILVOL is a powerful non-toxic, non-irritating germicide for the treatment of infections of mucous membranes. Contains approximately 20 per cent of metallic silver. Freely soluble in water; no sediment on standing. Does not coagulate albumin; is not precipitated by proteids or alkalies. Its germicidal power has been conclusively demonstrated clinically. Used in aqueous solutions of 5 to 50 per cent. *Powder:* Bottles of one ounce. *Capsules* (6-grain): Bottles of 50. Contents of two capsules make one-fourth ounce of a 10 per cent solution. *Silvol Ointment* (5 per cent), for application to regions where the use of an aqueous antiseptic solution is not feasible. Small and large collapsible tubes with elongated nozzle. Made by Parke, Davis & Co., Detroit, Mich.

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THE NERVOUS SYSTEM AFTER DRINKING:—To put the nervous system in order after a protracted debauch, physicians will find in Pasadyne (Daniel) an agent of not only dependability, but also of safety, and one that may be used in the case of weak characters with every confidence that no habit will be induced. Furthermore, there are no evil effects to be looked for after the administration of Pasadyne (Daniel), a factor of considerable importance in choosing a drug of this type. Pasadyne's power to tranquilize the nervous system has earned for it the confidence of a large circle of exacting clinicians. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

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PANOPEPTON is especially agreeable when it is very cold, chilled in the bottle or poured on cracked ice just for a moment, then sipped slowly. In view of the very great value of this food in critical conditions, in the straits in which it is so often seriously needed, it is important to have it administered in the most effective way. There are constantly multiplying records of cases in which Panopepton is practically the only nourishment that can be tolerated and in which it proves adequate for the present requirements; and by its engorging and sustaining effects, it, little by little, prepares the patient for taking other foods. Have Panopepton kept in a cold place.

---

IN FEEDING THE SICK it is not the *quantity* so much as the *character and acceptability* on which success depends. That is the reason why *Trophronine* (the delicious food for the sick) is so serviceable for nourishing the sick and convalescent—it supplies the essential food elements in easily assimilable form and is so agreeable to the

taste—so palatable that it will be freely taken when other foods are refused and rejected. We have found it a most excellent form of concentrated food.

**MISSIONARY HOSPITAL WORK IN INDIA:**—Qualified medical man required who is in sympathy with religious work. Passage paid and small monthly allowance made. Three years agreement. Apply, sending copies of testimonials to Commander Eva Booth, Field Department, Salvation Army Headquarters, 122 West Fourteenth Street, New York City.

**THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA** at its seventh annual meeting in Philadelphia, late in October, elected Dr. John G. Clark, of that city, president. New York was chosen for the next place of meeting. A number of most interesting operations were performed in various hospitals. The Congress passed a resolution forbidding their members to engage in the practice of fee-splitting in any guise whatsoever.

**THE AMERICAN COLLEGE OF SURGEONS**, which met in Philadelphia, the latter part of October in connection with the Clinical Congress, admitted 228 surgeons as members. Dr. George W. Crile, of Cleveland, O., was elected President, and Chicago was chosen as the permanent home of the organization.

**FORMULAS FOR INFANT FEEDING**" will be sent you if you write to Mellin's Food Co., 261 Franklin Street, Boston, Mass. At the same time if you make the request they will send you samples of Mellin's Food. Not only good for infants, but for children, adults and the aged in convalescence from diseases. It will only cost you a one cent postal card or a two cent stamp, and is a good investment.

**"PARALDEHYDE"** possesses many of the good without the evil qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyde (see advertising page 13, this issue), which is an elegant preparation.

**ATROPIN IN GASTRIC DISTURBANCES:**—Pletnew (*Therapie Monatschrift*) states that atropin is peculiarly useful in gastric disturbances. It promptly checks secretions; markedly reduces acidity in hyperchlorhydria; diminishes pylorospasm, relieving the pain and distress. Morphine is contraindicated in gastric disturbances as its use is followed by increased secretion, with atropin, however, these untoward effects are not in evidence.

## Selections

**UNIVERSAL TYPHOID VACCINATION:**—No person is born with an immunity to typhoid fever. However, in large epidemics of typhoid fever due to contamination of the water or milk supply less than 10 per cent of all persons drinking the water or milk develops a typical attack of typhoid. Many of the remaining 90 per cent of persons are sick. Some with an influenza-like disease; some with a malaria-like disease formerly diagnosed as typho-malaria. Many children under three years of age are sick and die with the old-fashioned summer complaint. Until blood examinations were made none of these typical attacks of typhoid were attributed to their true causes, the typhoid bacillus.

If a city's water and milk are constantly contaminated with typhoid bacilli, typhoid fever is endemic and becomes epidemic during the summer and fall, the total number of cases remaining fairly constant from year to year. At the present time a new condition is gradually becoming evident in cities having purified water and pasteurized milk. There is no better example than Indianapolis during the present summer. With a water supply free from contamination and a milk supply more largely pasteurized than ever before there was an unusually massive epidemic of typhoid. This epidemic began with isolated cases fairly well distributed over the entire city. Within three or four weeks following these isolated cases the disease became epidemic in the proper and less hygienic parts of the city. These last cases have been variously ascribed to weeds, decaying garbage, open toilets and unscreened houses. All these things are not the true cause of epidemics, they are simply indicators that people who allow such conditions to exist either knowingly or ignorantly are guilty of bad hygienic habits and infect themselves and their associates.

One of the most marked characteristics of the present epidemic is the youthfulness of the victims. About fourteen years ago the Indianapolis filtration plant was installed

and milk was beginning to be pasteurized. Previous to 1904 most people were taking, from time to time, a few typhoid bacilli with water and milk. Many persons developed only slight intestinal disturbances and some fever with only slight indisposition lasting three or four weeks, a few other persons developed typical clinical cases of typhoid. The majority acquired an immunity after the mild attack; others after a typical clinical typhoid.

Most persons born and reared in Indianapolis since 1904 have never been exposed to constantly infected water and milk, and as a result are susceptible to infection with water or milk containing a few typhoid bacilli.

When Indianapolis people take their summer vacations in communities where typhoid is endemic and most of the natives immune, they often develop typhoid. Vacation typhoid is a very common occurrence in Indianapolis.

It was formerly believed that proper protection of water and milk against typhoid contamination would eliminate typhoid infections. If it were possible to detect and control typhoid bacilli carriers too, then it would be possible to prevent the majority of cases. However, man and his methods are fallible and there is liable to be sooner or later some slip in the water purification or milk pasteurization; then our great army of urban susceptibles are lambs prepared for the slaughter.

What is the next step in typhoid prevention? The vaccination of every person who has not had typhoid is the correct solution. There is only one group of persons over which boards of health have the power to compel vaccination and that is the school children between six and fourteen years of age. Other persons can only be reached indirectly.

Time will undoubtedly show that the Indianapolis city board of health made one of the most important advances in typhoid prevention when it compelled all school children to be vaccinated against typhoid fever. This method of preventing typhoid will be adopted everywhere when the epi-

demiology of typhoid is once thoroughly understood.—*Wm. Skinner, M.D., in Indianapolis Med. Jour., Nov. 1916.*

**MANUAL TREATMENT OF INTUSSUSCEPTION:—**Several years ago I devised a method of treating intussusception which was called the "Taxis and Succussion Method." (Arch. Pediatrics, 1911, p. 380). Three cases were reported in the paper cited. Since then three additional cases have been manually reduced. In all nine cases were treated, six were successful and three were unsuccessful. In the three cases in which taxis and succussion failed, laparotomy also failed to save the life of the patient. These were neglected cases in which the diagnosis was not made for several days.

As my experience grows the conviction is strengthened that very few cases of intussusception recognized early will fail to yield to a combination of taxis and succussion, and this opportunity is taken to describe the method again and urge other physicians to try it in cases.

It is hardly necessary to state that the method will be successful inversely to the length of time the invagination has existed. An early diagnosis is essential. One of my cases was three days standing, the other less than this.

The technic is as follows:

The infant is anesthetized and a pad or small pillow placed beneath the hips. When the abdominal wall is relaxed the tumor is grasped and a steady pressure is made upon it for the purpose of reducing the swelling as much as possible. This pressure should be maintained for one minute or more, and may be repeated several times during the manipulations. The knees or hips of the patient are firmly grasped and the abdomen vigorously shaken. This succussion may take several forms. When the tumor is centrally located an up-and-down motion may be used. When the mass is on the right side a lateral movement is more effective. In addition the reduction may be aided by repeated efforts at stripping the intestine above the tumor

downward, or from below upward as seems most effective. This taxis should be accompanied by trembling motion of the fingers. The taxis and succussion should be alternately repeated until the tumor has disappeared.

The manner in which taxis acts needs no explanation. The repeated jerks, which are used, tend to throw the heavier mass away from the attached intestine.

Its greater momentum causes it to swing farther, when the momentum is suddenly arrested and thus a pull is made on the intussusciens and intussusceptum. The relaxed intestine and abdominal wall permits this movement.

*Report of a Case*—Case VI, C. S., age 15 months, was admitted to the Bethesda Hospital service of Dr. E. W. Saunders. The child had been ill two days. The illness began with violent crying spells and vomiting. On the second day bloody mucus was passed from the rectum. Dr. Saunders found a sausage shape tumor about 2 inches long lying in the right lumbar region. Diagnosis: Ileocaecal intussusception.

Steps for surgical intervention were made at once. Dr. Roland Hill and assistant were ready to operate if the manual treatment failed.

The infant was anesthetized with ether. As soon as the abdominal wall was relaxed I grasped the tumor firmly through the abdominal wall and pressed it firmly and steadily against the posterior parietes for a minute or more. The tumor seemed to soften under this pressure. An attempt was made to reduce the invagination by taxis downward. Then the hips were grasped, the patient turned partially on the left side and repeated jerks were made in the direction of a line perpendicular to the median line. Most of the tumor disappeared. Dr. Saunders thought a little thickening remained at the ileocecal position, and more taxis was resorted to. A few more efforts at succussion caused this also to become inappreciable. A few hours later a natural evacuation demonstrated that the invagination was reduced.—*Jno. Zahorsky, M.D., of St. Louis, in Med. Fortnightly.*

**ANESTHESIA AS A SPECIALTY:**—In certain quarters the impression seems to prevail that any medical student or nurse who knows enough to pour ether out of a container drop by drop and watch a patient's respiration and pulse knows enough to give anesthetics. The presence of the surgeon too seems to be considered sufficient protection, for, ask the supporters of this system, would the surgeon let his patient die from the anesthetic?

The writer gave his first anesthetic in a large hospital in a large city. He had just been graduated from a class A medical school where he had seen about thirty administrations of an anesthetic, that is, he had witnessed about thirty operations at which he had been bidden to watch every move of the operator. He had never even assisted at the giving of an anesthetic, but nothing of this was asked of him. Instead he was given a can of ether and turned loose on a helpless child in an anesthetic room, with no help available but nurses. Fortunately the child lived through it and proficiency came with practice. Several years ago the leading surgeon in a large city—a man with a national reputation—was operating in a hospital where student anesthetists were the rule. The patient, an only son about twelve years old, died on the table from the anesthetic and the hospital and surgeon were sued. As a result a force of three expert anesthetists to serve in rotation were added to that hospital's staff.

No man can attend to two complicated procedures at one time. No surgeon can give his full attention to the operation in progress and at the same time be fully cognizant of the state of the anesthesia. It is not fair to the patient to be operated on by a man whose mind is only partly on his work, neither is it fair to submit anyone to a narcosis, stopping short of only paralysis of the vital faculties, induced by a non-medical person supervised by an occasional glance from a very busy man a few feet away. The technique of anesthetization can be acquired by practice by anyone, doctor, nurse, or student. But when we realize that

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**NASHVILLE, TENN.**

the first sign of some difficulty with the patient may be so slight as to be observable only by a skilled anesthetist and yet so grave that immediate and appropriate treatment is required if the patient is to live, we at once realize that the knowledge of the expert is indispensable and should be available.

The expert anesthetist should have especial training in the diseases of the chest, he should be well versed in the particular drug he uses, such as anesthetics, stimulants, and depressants of all kinds. He should, of course, be letter perfect in the mechanical details of his specialty and familiar with all the complications which may arise in the course of an anesthesia. Furthermore he should understand something of psychology and have a pleasing personality which inspires confidence in the patient. Possessing all these qualities, such a man need never find himself idle. The surgeon who approaches an operation with a mind at rest about the welfare of his patient under the ether is in condition to do much better work, and the hospital which has the reputation of furnishing such expert anesthetists will before long be the hospital of choice of the well-informed physicians and surgeons in that community.—*Medical Record*.

---

INFANT PARALYSIS GERM FOUND:—Dr. Horace T. Burrows, pathologist at Johns Hopkins, has found the infantile paralysis germ discovered nine years ago by Dr. Simon Flexner of Rockefeller Institute. Present always in every case of the disease is a germ found in the large intestine, showing that the disease is spread by some raw food. This must be either milk or water, because babies die of the disease which have been fed only on milk and water.

Dr. Burrows and his assistants under the direction of Prof. William H. Welch have been making autopsies upon every victim of the disease since July in a careful microscopic search. It has been found that the germs occur only in the colon. The investigation proves that 100% are infected in this big intestine. It is only possible for the germs

to enter the big intestine by way of the mouth in food and drink. This discovery demonstrates for the first time clearly that raw food contains the germ of infantile paralysis.

The investigators are so certain there is no other way that they suggest the quarantine be raised against personal contact and that all raw foods such as milk, water and fruits be sterilized by being boiled or cooked before being given to children and others.

This discovery is the first one that has ever been given officially by the Johns Hopkins Hospital before it was published in some exclusive scientific journal. The rule is broken in order to clear up the mystery of infantile paralysis as quickly as possible to the end that schools may open and business go on as usual.

House flies and other insects undoubtedly help to spread the germ from one food to another.

This great discovery was made, not by accident, but by painstaking research diligently carried out by Dr. Horace T. Burrows and many assistants. The spread of the disease is so much like typhoid fever and its method of communication that the scientist is sure they have hit upon a way to make an anti-poliomyelitis serum like the antityphoid fever in the army.—*From Los Angeles Times, reproduced in Pacific Med. Jour., Nov., 1916.*

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**METHYLENE BLUE IN THE TREATMENT OF GONORRHEAL VAGINITIS:**—In the treatment of this disease I have confined myself in recent years to the use of a one per cent aqueous solution of methylene blue, and in scores of cases so treated I have not as yet had to record a single failure. The use of methylene blue internally in the management of urethral gonorrhea has, however, proved inefficacious. This difference in results is, in all probability, due to the difference in the mucous membranes of the urethra, male and female, and of the vagina. It will be remembered that the male urethra is clothed with an epithelium that varies in different parts

of the canal, above resembling that of the bladder, then becoming columnar in the prostatic portion, and at the navicular fossa becoming stratified squamous in type (*Piersol*). It is also abundantly provided with crypts and glands (*Latre's*) which afford excellent lurking-places for the gonococci. The female urethra, corrugated as in the male, is lined with a stratified squamous epithelium which above resembles the vesical type and below that of the vestibule (*Piersol*). It also contains the glands of Skene just within the meatus, and other glandular organs, but is only one-and-a-half inches in length. The vagina, on the other hand, is lined with a proportionately dense stratified squamous epithelium which is devoid of glands.

Whether for this reason or for other indeterminate causes, methylene blue in the strength mentioned undoubtedly exerts a remarkable effect upon vaginæ diseased from gonorrhea. It is used as follows: After thorough cleansing with plain sterile water, normal salt solution or a 1 to 2,000 bichloride solution, the vagina is well dried. It is then bathed profusely from the cervix and vault down to the ostium vaginæ with the methylene blue, the excess being allowed to flow out upon a cotton pledget placed at the posterior commissure to receive it. Two such applications a week will generally effect a cure in from six to eight treatments.—*W. Newman Dorland, A.M., M.D., F.A.C.S., in Urologic and Cutaneous Review.*

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“GRIM VISAGED WAR”:—I have three reasons against war. My three sons. Some men say that they will give their sons to die for their country. I say, emphatically, I would rather that my sons should live for humanity.—*John J. Mallowney.*

The bodies of men, munitions and money may be justly called the sinews of war.—*Sir Walter Raleigh.*

War can do nothing which negotiation or submission will not do better, and to act on any other principle is not to save money and blood but to squander them.—*Macaulay.*

Let us reckon upon the future; the time will come when the science of destruction will bend before the arts of peace.

—*Arago.*

But all over Europe to-day, in hospital and out, men are learning to think in terms of life and death. What will be the result? A general brutalizing. A loss of much that is fine. —*Mary Roberts Rinehart.*

He reaps wild harvests who sows dragon's teeth.—*David Starr Jordan.*

Revenge is the heaviest load any man or nation ever carried.—*William Jennings Bryan.*

The result is that for almost every man killed in battle there perish generation after generation of children through denial of the right to be born.—*Robert J. Duffus, San Francisco Bulletin.*

At present mankind has enough to do in the war against disease, let alone battling against and slaughtering himself. —*Dr. Samuel G. Dixon, Commissioner of Health, Pennsylvania.—From Pacific Medical Journal.*

**SHORT MEASURE IN GASOLINE:**—There are few doctors who are not motorists and as such will be interested in anything which pertains to gasoline, especially a shortage. In Indianapolis it is quoted at 17 cents at the street tanks. The question arises as to the accuracy of the pumps. Short measuring gasoline pumps, according to an investigation by the federal bureau of standards, are cheating motorists out of millions of dollars a year. In Illinois alone the loss is not less than \$500,000 a year. Tests in many cities have confirmed previous conclusions and actual tests of the types of pumps used by retailers at the bureau here have shown 80 per cent of them to give short measure for various reasons. Some of them are faults of construction and others are susceptible of manipulation by the dealer.

"This tendency toward deficient measurement," says an announcement by the bureau, "is worthy of careful consideration as it results in the aggregate in enormous monetary losses to the public."

"It is safe to say that in all localities not under an efficient and competent weights and measures administration and in a large majority of those which do have relatively competent administration, the condition of measuring pumps is such that the motoring public is being subjected to regular and continuous shortages in its purchases of gasoline."—*Indianapolis Med. Jour.*

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**FREEZING A PATIENT TO CURE HIM OF CONSUMPTION:—**Freezing of living persons is the somewhat heroic remedy proposed by the Russian scientist Bachmetieff, for the Koch bacillus is killed at 6 deg. Cent. below freezing point, it being the cause of tuberculosis, so that by congealing the person affected with the disease the microbes are all killed. Then he brings back the subject to life by a very gradual re-heating. He has already succeeded in applying his method to various animals such as the rat and others by producing artificial respiration in them at the same time that the freezing process is going on, and he thus produces suspension of life by cold which is of great interest to science and may also prove of much utility. Freezing of cattle in winter would thus preserve them without food, and they could also be transported over great distances when in this state. Many other applications of the idea can be imagined. Of course, the method has not as yet been applied to the larger animals nor to living persons, but in principle this proved whether a human being can be actually frozen and then brought back to life.—*Scientific American.*

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**WILLIAMS' SIGN IN EARLY PULMONARY TUBERCULOSIS:—**Walsham and Overend discuss the nature and causation of Williams' sign in early pulmonary tuberculosis. Williams' sign consists in a diminution in the extent of the inspiratory depression of the diaphragm on the affected side. The authors state that there are cases of undoubted early phthisis which do not exhibit a trace of Williams' sign. It is possible to discriminate three groups of movements. In the first the

afferent nerves, those of the pleura in particular, escape, and the diaphragmatic movements are normal; in the second the contractions are jerky and erratic, and perhaps not much curtailed. This may be due to simple afferent inhibition, accompanied by a spasmodic, incomplete and irregular reciprocal reflex; in the third the latter is well established, and the activity of the recti and obliqui is easily discernible. The issue is then a reduction in the duration and amplitude of the inspiratory wave with a definite measure of protection and rest for diseased areas of the lung.—*Arch. of Radiology and Electro-therapy, by Brit. Med. Jour.*

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**TREATMENT OF SWEATING FEET:**—Dr. H. Althoff (Deut. Med. Woch.) says the feet should first be thoroughly washed with warm water and soap, rinsed and dried. Then the soles and the skin between the toes are painted with equal parts of thirty-five per cent formaldehyde and distilled water. The solution should dry before the foot is covered. In general this treatment should be repeated three days in succession. The effect is prompt and lasts for four to six weeks, when the application should be repeated. Sweating is often permanently cured.—*Indianapolis Med. Jour.*

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**SALVARSAN LOCALLY:**—Achard (*Monde Medical*, January 5, 1914), reported prompt cures in cases of Vincent's angina by local applications of salvarsan. Netter, he states, treated necrotic stomatitis following scarlet fever with this agent. It also proved useful in pyorrhea alveolaris. Leg ulcers were treated with an ointment of ten per cent salvarsan, healing rapidly. Levy-Bing obtained good results from the application of neosalvarsan in chancroids and ulcerations of and about the genitals which exhibited a phagedenic tendency.—*American Medicine.*

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**THE HUNGRY STATE JOURNAL:**—It is positively sickening to note the loud yelping for and about advertising in-

dulged in by our various official medical journals. Until the appearance on the scene of the State medical journals there was no such thing as *editorials about advertising* in our medical journals. And even now you will search in vain through the pages of our best independent medical journals, such as the *New York Medical Journal*, the *Medical Record*, *American Medicine*, *Medical Review of Reviews*, *Interstate Medical Journal*, *American Journal of Surgery*, *Therapeutic Medicine*, etc., for editorials bellowing loud-mouthedly "Our Journal is the best paying medium," "Patronize our advertisers," "People who don't advertise with us are no good," "Read our advertising pages," "We give the best value for the money," etc. It is only in the State journals that you will find such editorials. And they dare to speak of medical ethics! They dare to attack the independent medical journals!

It is true that the advertising pages of the independent medical journals are not always what they should be, that some products are questionable, though the statement made by the official journals that the independent journals advertise *fraudulent* products is a wretched lie. But at least the independent journals do not prostitute their editorial pages with eulogies of their advertising value, with disparagements of other journals, and with cries for "help," "help!" If this is the ethics of our State medical journals, of our official protagonists, then no wonder the public is beginning to despise the medical profession. It is a disgrace that State journals that are supported by the entire association membership should be yelping about advertising, like hungry dogs around a bone.

The J. A. M. A. itself doesn't do it, it is a bit ashamed. But it pulls the strings and the State journals dance like Tony's marionettes. It sends out multigraphed circulars and the State journals print them as editorials without hardly changing the phraseology.

Shame on such ethics!—*Critic and Guide*.



PITUITRIN (pituitary liquid) is a powerful and reliable stimulant of intestinal contraction. Its use may thus be actually life-saving in dealing with the sometimes threatening post-operative paralytic gut distention that will not respond to enemata or purges. The drug may be injected into the muscles or directly into a vein; and this may be repeated at intervals of a few hours, if necessary. Its action is almost instantaneous.—*Am. Jour. of Surgery.*

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SYRUP OF HYPOPHOSPHITES AGAIN:—Dr. Simmons, or the J. A. M. A., which is one and the same thing, seems to have a particular aversion or grudge against the poor hypophosphites. In a recent issue (September 2), he or it has again delivered himself or itself of a broadside against them. The theory on which the usefulness of the hypophosphites is based is fallacious. The hypophosphites cannot serve as a source of phosphorus to the system. The greater part of hypophosphites is eliminated from the system unchanged, etc. All of which may be true and all of which does not amount to a row of rusty pins.

The physician who has been prescribing the compound syrup of hypophosphites for a quarter of a century with good results will not be influenced by the twaddle of the dogmatists. I prescribe it very frequently and my testimony as to its value is at least as good as the testimony of a dozen or a hundred physicians who have not prescribed it. And I can be as sceptical as the most nihilistic of therapeutic nihilists. I thought that perhaps the strychnine did the work, and I prescribed strychnine alone either in solution or in tablets. But the effect of the strychnine was different and vastly inferior to the effect of the combined syrup of hypophosphites.

It is this condemning of excellent preparations of non-secret formulæ, that have stood the test of time, that discredits all the work of the Council and is responsible for the latter's complaint that the profession will pay no attention to it.—*Critic and Guide.*

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EACH FLUID OUNCE OF HAGEE'S COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED). 6 GRAINS CALCIUM HYDROPHOSPHITE, 3 GRAINS SODIUM HYDROPHOSPHITE, WITH GLYCERIN AND AROMATICS.

*Supplied in sixteen ounce bottles only. Dispensed by all druggists.*

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is of peculiar efficiency in acute pharyngeal inflammations.

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**KATHARMON** represents in composition *Agathos*  
*Odoratis*, *Thymus Vulgaris*, *Mentha Arvensis*,  
*Pinguicula Decandra*, 104 grains Acid Boracaligic,  
29 grains Sodium Pyruvate to each fluid ounce of Pure  
Refined Extract of Witch Hazel.

**Vapo-Resolene**

**for Whooping Cough, Spasmodic  
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Pneumonia, Asthma, Sore Throat  
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Vaporized Cresolene is destructive to Diphtheria bacilli and may be advantageously used in connection with the treatment of this disease.

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**PHOSPHO-MURIATE of QUININE**  
**NON-ALCOHOLIC TONIC AND RECONSTRUCTIVE**  
**With Marked Beneficial Effect Upon the Nervous System**

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*The Better Prescription in the Different Forms  
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FREE SAMPLES TO THE PROFESSION

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A dependable cardiac tonic for  
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*A physiologic laxative that does not  
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*stimulates gastro-intestinal functions.*

A remedy of proven efficiency for supporting,  
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# SANMETTO FOR GENITO-URINARY DISEASES.

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A Tonic-Stimulant to the Reproductive System.

Specialty Valuable in Prostatic Troubles of Old Men—Irritable Bladder—  
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**SOOTHING—RELIEVING—RESTORING.**

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

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For

Coughs

Bronchitis

Phthisis

Whooping Cough

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AN ABSOLUTELY STABLE  
AND UNIFORM PRODUCT  
THAT HAS GAINED  
WORLD-WIDE DISTINCTION  
THROUGH ITS DEPENDABLE  
THERAPEUTIC EFFECTS

### DOSAGE:

The adult dose of  
the preparation  
is one teaspoonful,  
repeated every two  
hours or at longer  
intervals, according  
to the requirements of  
the individual case.

For Children of ten or  
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to one-half teaspoonful.  
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**GIVES BEST POSSIBLE  
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*The BEST because the PUREST  
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**Remarkably service-  
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Biliousness, Jaundice,  
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**NOW! Yes, Now  
is a good time  
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## Federal Anti-Narcotic Law and Glyco-Heroin (Smith)

The composition of Glyco-Heroin (Smith) is not being changed to meet any of the exemptions or privileges allowed under the so-called "Harrison Anti-Narcotic Law," and whereby it might be sold to the public.

Glyco-Heroin (Smith) will remain just what it always has been and just what it was always intended to be, viz.: a stable, uniform and dependable product for the convenience and use of physicians only, in the treatment of Cough, Bronchitis, Whooping Cough, etc.

In prescribing Glyco-Heroin (Smith) use ordinary prescription blanks. Give the name and address of patient, your own name and address in full, your registry number and date when written (no copy or other record required).

*Prescriptions cannot be refilled.*

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## So many cases of **Pruritus, Chafings, and Irritations**

are relieved by applying

### **K-Y Lubricating Jelly**

that we feel we owe it to our patrons to direct their attention to the usefulness of this product as a local application, *as well as* for surgical lubrication.

No claim is made that K-Y Lubricating Jelly will act with equal efficiency in every case; but you will secure such excellent results in the majority of instances that we believe you will continue its use as a matter of course.

**NO GREASE TO SOIL THE CLOTHING!**

*Collapsible tubes, 25c. Samples on request.*

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## **"For this relief much thanks,"**

said Hamlet.

So also says the patient who has just used the

### **K-Y ANALGESIC**

you told him to get  
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**FOR THE LITTLE ACHES**

**OF EVERY-DAY LIFE,—**

little aches where a hypodermic would be too much, and where the pain is also too much for the patient. In such conditions,

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is an agreeably efficient middle course. No grease to soil the linen. Washes off in water.

*Collapsible tubes, 50c., druggists.  
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# Robinson's Hypophosphites

NUTRITIVE, TONIC, ALTERNATIVE

**R.** Each fluidounce contains :

Hypophosphites Soda .....	2	gr.	Hypophosphites Quinine .....	$\frac{3}{4}$	gr.
Hypophosphites Lime .....	$1\frac{1}{2}$	gr.	Hypophosphites Manganese .....	$1\frac{1}{2}$	gr.
Hypophosphites Iron .....	$1\frac{1}{2}$	gr.	Hypophosphites Strychnine .....	1-16	gr.

Dose—One to four fluidrachms.

6 OZ. BOTTLES, 50 CENTS

PINT BOTTLES, \$1.00

# Robinson's Phosphoric Elixir

A Modified and Improved Form of Chemical Food.

**R.** Each fluidounce represents :

Phosphate Sodium.....	12	grains
Phosphate Potassium.....	4	grains
Phosphate Calcium.....	4	grains
Phosphate Iron.....	2	grains
FREE Monohydrated Phosphoric Acid .....	16	grains

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, free and combined.

An invaluable remedy in the treatment of  
Nervous Exhaustion, Incipient Paralysis,  
Deranged Digestion, Melancholia,  
General Debility, Renal  
Troubles, Etc.

DOSE—The average dose is a dessert-spoonful (2 fdr.) diluted with water, to be taken immediately before, during or after meals.

PINTS, \$1.00

# Robinson's Lime Juice and Pepsin

Pure Concentrated Pepsin combined with Pure Lime Juice.

APERIENT AND CHOLAGOGUE

Robinson's Lime Juice and Pepsin is palatable and grateful to the taste.

Dose—Adult, dessertspoonful to tablespoonful, after eating. Children, one-half to one teaspoonful, according to age.

PRICE, 6 OZ. BOTTLES, 50 CENTS

16 OZ. BOTTLES, \$1.00

# Robinson's Elixir Paraldehyde

10 PER CENT.

Hypnotic, Sedative, Anodyne, Diuretic

INDICATIONS:

Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.

In doses of 45 grains it calms restlessness and insomnia. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyde in each fluidounce.

DOSE—10 per cent. 2 to 8 fluidrachms.

Pint Bottles, \$1.50

N. B.—We also make 25 per cent. strength.

Price per pint, \$2.00

Please specify ROBINSON'S Original Bottles. For sale by Druggists.

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*"It's a condition that confronts us, not a theory"*

When you are called to a case of **DYSMENORRHEA**, it is a condition that demands something more than theory.

You demand results from the remedy administered.  
Your patient demands relief from pain.

## **HAYDEN'S VIBURNUM COMPOUND**

has for years enjoyed the confidence of recognized authorities as a dependable remedy in **DYSMENORRHEA**, **MENORRHAGIA**, **RIGID OS**, **THREATENED ABORTION** and other **GYNECOLOGICAL** and **OBSTETRICAL** conditions where indicated.

Administered in hot water, teaspoonful doses, it will, if given a trial, enjoy and retain **YOUR** confidence.

Formula, literature and sufficient supply for clinical demonstration sent on request.

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**RHEUMATISM, GOUT and SKIN MANIFESTATIONS** due to faulty elimination, suggests the administration of **Hayden's Uric Solvent**.

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UP**

**To  
BRACE  
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Supplied in 11-ounce bottles  
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In ANY form of DEVITALIZATION  
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**Pepto-Mangan (Gude)**

Especially useful in

**ANEMIA of All Varieties:  
CHLOROSIS: AMENORRHEA:  
BRIGHT'S DISEASE: CHOREA:  
TUBERCULOSIS: RICKETS:  
RHEUMATISM: MALARIA:  
MALNUTRITION: CONVALESCENCE:  
As a GENERAL SYSTEMIC TONIC  
After LA GRIPPE, TYPHOID, Etc.**

**DOSE:** One tablespoonful after each meal.  
Children in proportion.

**M. J. BREITENBACH COMPANY  
New York, U. S. A.**

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request. ☛



# Chronic Constipation of Elderly Persons is particularly

amenable to the lubricating action of INTEROL, because with age, there is apt to be a decrease or cessation of natural lubricant in the gut. The mucus-follicles are often atrophied or even absent, so that they *cannot* supply the necessary lubrication.

INTEROL, in such cases, serves as the next best lubricant to Nature's own lubricant — mucus — and supplies, without the irritation of castor oil or cathartics, the lubrication necessary to the easy passage of feces through the bowel. It is just as slippery in the sigmoid and rectum, as in the colon. INTEROL has an all-the-way action.

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Pint bottles, druggists. INTEROL booklet on request; also literature on "Chronic Constipation of Elderly Persons."

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# **LISTERINE**

the well-proven and time-tried antiseptic solution, has been prescribed by the Medical Profession with very satisfactory results for 35 years in the treatment of Respiratory Diseases incident to Fall and Winter climatic conditions.

# **LISTERINE**

one part, hot water three parts, is a useful gargle for sore throat. In mucous catarrhs, Listerine, suitably diluted, is most effectively applied by means of the spray apparatus or douche.

# **LISTERINE**

is not only a vehicle for specially indicated alteratives, resolvents and astringents, but is itself an efficient, non-irritating antiseptic that is safe, pleasing to the taste and promptly effective.

A treatise on Respiratory Diseases will be forwarded members of the medical profession on request.

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**A Powerful Non-Toxic, Non-Irritating Germicide for the Treatment of Infections of Mucous Membranes.**

Contains approximately 20 per cent. of metallic silver. Freely soluble in water; no sediment on standing. Does not coagulate albumin; is not precipitated by proteids or alkalies. Its germicidal power has been conclusively demonstrated clinically. Indicated in the treatment of

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Sinus Infections,

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Gonorrhea (all stages),

Cystitis,  
Posterior Urethritis,  
Vaginitis,  
Cervical Erosions,  
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Used in aqueous solutions of 5 to 50 per cent.

**POWDER:** Bottles of one ounce.

**CAPSULES** (6-grain): Bottles of 50.

Contents of two capsules make one-fourth ounce of a 10-per-cent. solution.

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**SILVOL OINTMENT** (5 per cent.), for application to regions where the use of an aqueous antiseptic solution is not feasible. Small and large collapsible tubes with elongated nozzle.

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Germicidal Soap combines the powerful antiseptic mercuric iodide with a soap made from pure vegetable oils.

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Germicidal Soap does not attack nicked or steel instruments. It does not coagulate albumin.

Germicidal Soap, 2% (contains 2% of mercuric iodide): large cakes, one in a carton.

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